THE

MEDICAL EXAMINER,

AND

RECORD OF MEDICAL SCIENCE.

NEW SERIES—No. III.—MARCH, 1845.

ORIGINAL COMMUNICATIONS.

The following communication has been handed to us by a distinguished physician, whoh as resided many years in the South, and had much experience in the treatment of its "*peculiar diseases.*" We are not surprised that he should be struck with the contrast between the views *formerly* advocated by his brethren in the South, and the opinions *now* entertained by them, and the similarity, almost identity, of the latter, with the doctrines taught for years past in some of the Northern Medical Schools. Truth and science are the same everywhere. EDITOR.

NORTHERN SCHOOLS AND SOUTHERN MEDICINE.

TO PROFESSOR HUSTON:

SIR,—There is in the number of the Medical Examiner for November 2, 1844, a well conceived and well written article on the feeling—for it is evidently a matter of feeling rather than of judgment—which prevails with some, that in order for a physician to understand the principles of disease in any section of the country, he must have been educated there; notwithstanding, that the teachers in such section may adopt as text-books—even on the practice of physic—the productions of countries between which the wide Atlantic rolls. Very recently, I have noticed similar views expressed in a Southern Journal,—the *New Orleans Medical Journal* for 1844,—which appear to me to require some notice. And first,—as regards a communication from one of the Editors

on the "Health of the Country," penned during, or in consequence of, a recent excursion up the Mississippi River to the States of Mississippi and Tennessee. "In regard to the diseases of the South," he says, "and especially our summer and autumnal fevers, we had conversations with numerous physicians of Louisiana, Mississippi and Tennessee, and found their views generally sound and correct. We venture to assert, that a more able and skilful set of practitioners is not to be found in any country. These men are not familiar with the minutiæ of Anatomy, Physiology and Pathology; their position renders this impossible; but they are well grounded in the general principles of medicine; they are men of close observation and sound judgment; above all, they are well acquainted with the *peculiarities* of the malignant diseases with which they have to contend, and act with promptness and skilful decision in cases, and under circumstances, that would confound the experience and scientific lore of a Chapman, Dunglison, Graves, Mackintosh, Bouillaud, Louis, Elliotson," &c. &c.

Let me then examine into the truth of this taunt, for which the writer will not, I apprehend,—since he has had time for reflection,—vindicate either the taste or the liberality. His object is clearly to show, that doctrines taught in the northern or other schools than those of the South and West, cannot apply to malignant diseases with "peculiarities" such as those that characterize the diseases of the Mississippi Valley.

Of the views taught in one of these schools—the Jefferson Medical College—I have ample knowledge from a careful attendance upon the lectures delivered in it; but I shall restrict myself here to the published opinions of one of the medical teachers alluded to in the above extract; and attempt to show, that principles taught upwards of "ten years ago," and still taught by him, are almost identical with those *now* embraced in the Southern portion of the Union.

Let me first cite the following remarks from the Journal, the comments of whose Editor have given occasion to the present communication.

"There has evidently," he says, "been a great alteration in the treatment of fevers among Southern practitioners within the last ten years. This change is to be remarked in two striking particulars: 1st, the more moderate use of emetics and purgatives; and 2d, the more prompt and bold administration of tonics; above all, the sulphate of quinine. The more frequent use of *topical bloodletting* may also be considered a modern improvement in this region. Formerly, a thorough evacuation of the entire alimentary canal was considered a *sine qua non* in the early stages of fever; and the most active medicines were freely given.

The liver, too, must be disgorged; and calomel was given with an unsparing hand. The consequence was, that often an incurable inflammation was established upon the mucous membrane of the stomach and bowels. But the views of practitioners are now almost wholly changed. Having observed that in openly developed Bilious Fevers, when death occurred, it was from the above named inflammation, or inflammation of the brain, they now avoid the use of irritating medicines, and endeavour to prevent or combat these formidable lesions by mild evacuants, venesection, cupping and leeching, and cold applications. As soon as a remission of the fever is procured, the *sheet-anchor, quinine*, is introduced, and the disease is soon cured. In cases of *congestive type*, which are often so insidious in their attacks as to deceive all but the *practised eye*, they lose no time in precursory preparation of the system, but resort at once to the *anti-periodic*. *Quinine*, instead of *Calomel*, is now considered in the South the *Sampson* of the *Materia Medica*; and we congratulate our brethren and the community on the change. The doses of this medicine have been increased from 2 grains up to 10, 20 and upwards; and its beneficial effects are often truly wonderful. Secretly and imperceptibly it dispels the morbid train of symptoms, and is perhaps the *only medicine* strictly entitled to the name of *Febrifuge*," &c. &c.

And again. "In regard to sanguineous depletion in the treatment of Bilious and Congestive Fevers, we found quite a diversity of opinion. Some eschew it altogether—some use topical bleeding early—and others practise venesection boldly, on the plan of Mackintosh in Intermittent Fevers."—So that the practitioners of these regions differ themselves, most essentially, in treatment, and consequently, in principles!

How different is the treatment extolled above, from that which was a few years ago universal, and which consisted in the lavish employment of the former "Sampson of the Materia Medica"—Calomel,—and against which certain Professors of the Northern schools protested most strenuously at the time it was so much in vogue.

"In all these cases," says Professor Dunglison in his "General Therapeutics," written upwards of "ten years" ago—"in which such large doses of calomel are administered, the practitioner is led to persuade himself that the climate requires them. But this argument is often most fallacious:—it may be employed, too, to bolster up any plan, that has received the approbation of a part or of most of the profession—too often, perhaps, without sufficient examination. It has been a common opinion, that in our ordinary bilious fevers, copious bloodletting, and the most active and irritating cathartics, are imperiously demanded; and the

practice founded upon this belief was at one time universal; so much so, indeed, that no other has been adopted extensively until of late years; but since a greater degree of attention has been paid to the condition of the mucous membrane in these affections, and since a better philosophy has suggested, that whilst we are keeping the different external sensitive surfaces free from all irritation, we ought not to be perpetually irritating the internal dermoid prolongation, practitioners have been induced to abandon the use of irritating cathartics,—to keep the digestive canal free by the use of mild cathartics, which remove the morbid secretions as they are formed; and, by the proper use of sedatives—of which bloodletting is almost the only one—and of refrigerants, to reduce the inflammatory excitement. By such a plan—and we can equally invoke *experience* in its support—the ordinary bilious fevers of our country will be found to yield far more satisfactorily than under the mixed sedative and irritating treatment, which was formerly universal, and still prevails too extensively. It is obvious, too, that where one system of medication is exclusively employed, it is impossible to draw any deductions from comparison, and we are not justified in affirming that climate requires one system more than another, until an equal trial has been made of all."

Yet, a few years ago, it was considered to be heretical for any one to raise objections against the use of the then "Sampson article;" whilst at this day we are told, that "*Quinine*, instead of *Calomel* is now considered in the South the Sampson of the Materia Medica; and we congratulate our brethren and the community on the change:"—to which I cordially respond, *Amen!*

In a subsequent section, speaking of the use of Tonics, Professor Dunglison remarks—"There are cases, however, of remittent fever occurring in highly malarious districts, which demand the use of the bark comparatively early;—the disease from the first not exhibiting any highly phlogistic character, and being apt to be attended with engorgements of internal organs, unless interrupted in its progress at an early period."

These views—let it be recollected—were maintained upwards of "ten years ago," and when the perturbating calomel treatment was in full ascendancy; and they were not merely theoretical, but deduced from the observation and experience of the author in a Southern State. Since that period, they have been more strongly urged in his "Practice of Medicine" and other works, and in the Clinical Lectures delivered at the Philadelphia Hospital, reports of which have been published during the last two clinical sessions in the pages of the Examiner.

It might be regarded as a vague statement to refer, as I could do, to lectures of Professors in the Northern Schools, enforcing the

same views, which have never been published, and hence I have brought forward only opinions that have been for sometime before the Profession, and can be readily turned to.

To indicate still more how the tide has set against the indiscriminate use of calomel, I may refer to an article, in the same New Orleans Journal, on Congestive Fever, by Dr. Monette, of Washington, Mississippi, which exhibits attentive observation and much reflection, with too many indications, however, of the prevalent feeling of the South, in regard to Northern teaching, which have as little foundation as those already animadverted upon.

"For nearly seven years," he says, "I have been convinced that there was a portion of our summer and autumnal diseases, which were aggravated and protracted by the use of calomel; and during that time I have often been induced to lay aside the use of calomel, and substitute a soothing practice, in many cases where calomel had proved decidedly injurious. It is more than fifteen years, since I first observed that calomel was *literally a poison* in those cases which were attended with great *irritability of the liver and portal circle.* I had seen almost every yellow fever patient die, who had been treated under the full mercurial course; besides many cases of common bilious remittent fever. I had observed plainly, that there were two *classes of bilious and remittent fevers;* that one was attended with functional torpor of the liver, and the other with a morbid irritability of the same organ; and that one was benefited by the administration of calomel, and the other was aggravated by the same treatment, but yielded under a judicious course of anodyne and refrigerant practice. Under this conviction, I had in some cases ventured, contrary to all my former opinions, and to the highest authority, to place my chief reliance upon salines and narcotic remedies, and such articles as were calculated to *allay intestinal irritation.* Still I could not entirely dispense with the sheet-anchor, the Sampson of the Materia Medica,"—[*now*, it will be recollected in the opinion of the Editor of the New Orleans Journal, the sulphate of quinia, not calomel,] "which I still considered necessary in the first onset of the treatment; although it might be necessary to discontinue it afterwards. Yet it was not until the year 1843, that I learned by actual experiment, that good bilious discharges and speedy salutary termination of *severe cases* of bilious and congestive fevers, could be obtained more readily without calomel than with it. Such was my faith in the efficacy of calomel, in inducing a salutary secretion from the liver, in such cases, that it was long before I could *venture* to risk the life of my patient to any course of treatment which excluded calomel. And in cases of great danger, where

calomel appeared to exert *no salutary influence*, it was with fear and trembling, that I ventured to treat the case by substituting other remedies for this formerly indispensable article. At length in the spring of 1843, I ventured to attempt the treatment of several cases to the entire exclusion of calomel, and the result was most flattering and eminently successful."

In other words, in 1843, Dr. Monette, ventured to put in practice principles which had been long inculcated in at least one of the Northern Schools, and most successfully carried out by many of the pupils of that School in the South and West. Of the fact, however, of such inculcations, he was, doubtless, as little informed as he is of the doctrines maintained in the same school on the subject of *duodenal irritation!*" "The extensive influence"—he observes—"exerted over the whole system, by morbid conditions of the *duodenum*, in some other diseases" [than Congestive Fever,] "has been too often overlooked, or disregarded by practitioners in the South, who have received their education and their prejudices in the Northern Schools. [!!] In tropical latitudes, such as the State of Louisiana, and the Southern half of the States of Mississippi and Alabama, this organ is more frequently implicated in our chronic affections, and in our violent, rapid and fatal summer diseases, than most practitioners apprehend; but in none, more than in Congestive Fever, and the malignant Yellow Fever of Tropical America. Ignorance or a disregard of this fact, as well as ignorance of the peculiar *morbid sensibility* of this organ, when irritated, to certain medicines, is one cause of much of the fatality attending such diseases. An intimate knowledge of this peculiar sensibility of the duodenal surfaces, when irritated, to certain medicinal substances, would certainly deter practitioners from the excessive use of such as are peculiarly obnoxious to this state of the duodenum."

It is obvious from the whole of his remarks on this matter, that Dr. Monette is not only unacquainted with the views in regard to bilious affections taught in "Northern Schools," but even with those contained in works emanating from those schools, which are notwithstanding extensively diffused over the country. The principles laid down by Dr. Monette are, indeed, essentially those of Broussais, and of every one who has observed and reflected deeply on the subject.

"One of the most important circumstances," says Professor Dunglison, "to be borne in mind in the history of remittent fever, is the tendency to local hyperæmia or inflammation; the presence of which gives the peculiar characters, by which we find the remittent of one season distinguished from that of another. In all cases, perhaps, the lining membrane of the stomach or small intestines, or both, is implicated; and hence the term

gastric so universally applied to it. In hot climates and seasons, an unusual degree of erethism exists in the gastro-enteric mucous membrane, which, under the influence of the causes of remittent fever, and the irregular actions occurring in the course of the disease, may be developed into inflammation of greater or less severity. Where it is to a great degree, it spreads along the biliary ducts to the liver; for a time arrests the secretion of the bile, and gives occasion to functional phenomena denoting hepatic complication,—such as pain and sense of fulness in the right hypochondrium; absence of bile in the matters evacuated by vomiting, and in the alvine evacuations; with yellowness of the surface of the body, and especially of the tunica conjunctiva. After awhile, however, in favorable cases, the hyperæmic or inflamed condition of the liver passes away, and the restoration of the hepatic functions is denoted by the evacuation of a dark pitch-like matter, which has been esteemed *critical*, but probably denotes nothing more than that the pathological cause of the deficient biliary secretion has passed away, and that the engorgement, which was the cause of the detention of the bile in the gall-bladder and ducts, had subsided. In other cases where the gastro-enteric hyperæmia is not so great, the hepatic symptoms may be less marked, or be indicated for the first few days simply by a yellowish tinge of the conjunctiva, denoting that the secretion is not freely poured into the small intestine. The liver, in this case, instead of having its secretion locked up, as it were, in the gall-bladder and ducts, after the first few days is merely excited to greater secretion, and, accordingly, the disease is accompanied by a copious flow of bile, which is indicated in the evacuations both by vomiting and stool. According, therefore, to the degree of gastro-enteritis existing in any individual case, there may be signs of absence, or of undue quantity of bile in the evacuations; but in both cases, the liver is affected secondarily,—a slight irritation in the lining membrane of the duodenum acting in the same manner as one of our cholagogne cathartics; the irritation produced by it being communicated, in the manner above mentioned, along the ductus communis choledochus, and the hepatic duct to the liver, and along the cystic duct to the gall-bladder, so that the former is excited to greater activity of secretion, and the latter to a more frequent discharge of its contents." (*Practice of Medicine*, second edition, Vol. 2, p. 438.)

The above remarks are sufficient to show—what ought not to be contested—that principles of medicine belong not exclusively to any locality, but are of universal application; and that they may be sought after with at least as much certainty and safety in the Northern, as in the Southern portions of our continent; and whilst it must be admitted, that locality and epidemic influ-

ences may interfere, more or less, with the nature and manifestations of disease, it must be equally admitted, that the physician, who is well grounded in principles, will readily seize hold of the differences, and apply his therapeutical agents with full understanding. As an inhabitant of a southern state, who has visited a Northern School for the purpose of reaping the advantages which such schools afford in enabling the student to become well grounded in the principles and practice of his profession, I have considered it but a duty to bring forth evidence, which may enable my southern friends to satisfy themselves, that erroneous notions have prevailed on the subject, and that whilst it has been believed by some that there is much discrepancy between the profession here and in the South and West on many points, connected with the pathology and treatment of the diseases of those localities, the fact is, that amongst the best informed there is a signal similarity, if not identity of sentiment.

February 1, 1845,

Contribution to the History of Malaria. In a letter from Dr. R. S. Holmes, *of the Medical Staff of the United States Army, to* Professor Dunglison. (Communicated by the latter.)

Philadelphia, November 23d, 1844.

To Professor Dunglison:

Sir,—You were so kind as to call my attention, lately, to an extract from a letter written by me, dated "Fort Macomb, Middle Florida," which you did me the honour to insert in the last edition of your work on Human Health, or the Elements of Hygiène, in which I mentioned the great difficulty I experienced in accounting for the unhealthy character of that Post, it being situated on a bluff, above the River Suwannee, out of the neighbourhood of marshes,—a lofty growth of pines extending for many miles back from the Post, and the sand on which it was built, and around it, being of that pure white character so common to Florida. I also hinted at my suspicions of some geological cause being at work in the production of disease; and I am happy to say, further investigations confirmed these views.

In a Report on the Medical Topography of the Post made for the Surgeon General a few weeks after I had been stationed there, I expressed my utter inability to account for the volumes of miasmata (known by its effects on nearly every man in the command) that were generated around us. In a subsequent Report, made after four months sojourn there, I accounted for it, at least entirely to my own satisfaction, in the following manner.

During a tedious convalescence from a low type of congestive fever, my short walk of some forty or fifty yards from the Post was always terminated by a profuse growth of fungi, of a single species, known to botanists as the *phyllus fœtidus*. This locality, being the principal one in the neighbourhood, covered a space of about two hundred square yards. Why the walk terminated here will be perfectly evident to any one acquainted with the vegetable growth in question: there is probably no living vegetable that can and does exhale so disgusting an odour as this fungus. If it is in its *living* state that this odour is exhaled, or only in its *decay*, I never had the hardihood to ascertain; for as the fungus lasts only for twenty-four or thirty hours, and there is a new growth every morning, the dead plant is always present; neither am I certain, nor do I see any reason, why this fungus, in its decay, which commences some ten or fifteen hours after it appears above the ground, may not produce disease. I certainly have seen from three to four hundred of these most beautiful but disgusting vegetables, dotting with their pure vermillion colour nearly every inch of ground in the locality. I will not stop, however, to inquire about their power in disease, but from their potency on the organs of smelling, one could readily believe that they grew among Milton's,

"Rocks, caves, dens, pools, swamps, bogs and shades of death!"

But as this was in the autumn and winter months, when rain does not fall in Florida, often for many weeks, and this season especially offered a constant succession of bright, clear days; and as the fungus requires an immediate supply of moisture for its growth, it became an important question to know how this moisture was obtained. The locality was on a level patch of sandy soil, fifty feet above the river, and not one hundred yards from it; at one side there was a gentle descent toward a small stream entering into the Suwannee; so that the spot on which the growth was most abundant, was really on an elevation. I had the earth dug thereabouts; and at depths varying from one to several feet, I found a stratum of white stiff clay, perfectly impervious to water infiltrated through the sand above it, and retaining it on its surface as effectually as if it had been a coating of india rubber spread beneath.

I thought I thus obtained the solution of the mystery; the Fort had been selected on account of its apparently healthy situation; and the cause of disease had been a puzzle to many others beside myself. I found this stratum of clay extended for several hundred yards in certain directions; you might trace it with almost unerring certainty by the nature of the dead and living vegetable substances on the sand above it. Heavy branches and trunks of pines, and oaks, would be moist and wet in the dry months of winter in Florida, while a profuse growth of ephemeral mushrooms, such as spring up

in the North only after heavy rains, would meet the eye at every step, even when rain had not fallen for several weeks.

Any one who knows the nature of the forests of Florida will see how the constant presence of moisture among the great number of branches, leaves, and trunks of trees that cover the ground, will be a fruitful cause of decay among them, taking place as speedily as the nature of the wood will permit; for, unlike the forest trees of the North, those of the South, from the greater amount of resinous principles in them, resist decay for a much longer time.

Very truly and respectfully,
Your obedient servant,
R. S. Holmes,
Med. Staff U. S. A.

Account of a Case in which sixteen sewing needles and four pins, were extracted from the Wrist. By H. Gordon P. Spencer, Student of Medicine, of Champion, Jefferson co., N. Y.

Professor Huston :

Sir,—In compliance with your request, I submit to you the following statement of the very interesting case of which I spoke to you some days since.

About the 21st or 22d of September last, I was called to see a young lady, Miss P——, with her hand and wrist much swollen and inflamed, and very painful and stiff, in consequence, as she supposed, of a sprain. The pain was of the acute lancinating kind, and was much increased by the least attempt to move or bend the wrist. She was ordered to keep it perfectly at rest and apply evaporating lotions.

Sunday, Sept. 29th, called again, and found the hand and wrist of nearly normal appearance, but she was not able to bend the joint without violent pain, extending up the whole length of the arm. On examination, I discovered on the back of the wrist, a short distance below the extremities of the radius and ulna, and near the middle of the wrist, just under the skin, some foreign body, apparently confined between the bones. Supposing from her account that it must be a small spiculum of bone, I made an incision directly over the body, and having by a probe ascertained its exact position, I introduced a small pair of forceps, and to my great surprise, extracted three pieces of needles. During the ensuing week, at different times I extracted other pieces, in all, eleven whole needles and four pins without heads. Since that time, my father, Dr. Gordon P. Spencer, has extracted and sent to me two others. In all sixteen needles and four pins have been extracted—three of the needles were broken into numerous pieces, all were much cor-

roded, and most of them considerably bent. How these bodies came there, it is impossible to say, but from the manner in which they were confined, the depth from which they were taken, and the whole appearance of the parts as well as of the needles, it seems impossible that she could have voluntarily introduced any one that was extracted. Some were found as much as two inches above the incision, laying directly between the bones. In conclusion I would state, that nearly all of these pins and needles were removed in the presence of some of our most respectable citizens, and they are all now deposited in the Museum of the Jefferson Medical College of Philadelphia.

H. Gordon P. Spencer.

Philadelphia, Feb. 12, 1845.

Notwithstanding the difficulties mentioned by our young correspondent, without intending to impeach the character of the young lady for morality, we are nevertheless of opinion that she did voluntarily introduce all the pins and needles that were taken from her wrist. How else could they get there? Strange aberrations of mind occasionally occur, especially in hysterical females, under the influence of which they are guilty of acts greatly at variance with their general character.

In the *London Medical Intelligencer of Nov.* 1822, we have a notice of a case published in the Medical and Physical Journal, by Dr. C. Otto, of Copenhagen, of "a dreadful case of hysteria, which for several years, appeared under the most varied and violent forms, such as stupor, delirium, dreadful cramps, tetanus, fevers, vomiting of blood, &c. At last, a tumour was perceived on the abdomen, which was opened, and a common needle was extracted. A second appeared in the loins, and another needle was found; in short, between Feb. 1819, and August, 1820, *two hundred and seventy-three needles were extracted:* 39 of them being from the left lumbar region, 22 from the left breast, 41 from the epigastrium, &c. Whenever a needle was near the skin, the most acute pain, fever, hiccough, and vomiting of blood, were excited: in the intervals, however, the girl was quiet; indeed, during the fifteen years, which this case has occupied, the patient has been occasionally in perfect health, and no needles have been extracted for more than two years." *The Intelligencer* mentions another case in which "the foolish creature cajoled a number of medical men, and was very successful in extracting money from them, by permitting them to extract needles from various parts of her body."

On Strictures of the Rectum. By Thomas D. Mütter, M. D., Professor of Surgery in Jefferson Medical College, Philadelphia.

Continued from page 89.

MALIGNANT STRICTURE.

Under this head we include all the morbid changes to which the intestine is liable, which present the usual characteristics of malignant disease in other parts of the body. According to the observations of Bushe and others, it would appear that the complaint manifests itself under one of three garbs, and my own observations tend to prove the correctness of their views. It is either *schirrous*, resembling in feel and consistence cartilage; *lardaceous* or cheesy; or *encephaloid*. The most common variety is unquestionably the simple schirrous, but I have seen this combined with the lardaceous deposites; and again have met with a case, schirrous in its origin, gradually converted by a higher degree of organization into the encephaloid. Mayo states that he has seen the disease but under two forms—one, in which "the mucous membrane is abraded, the muscular coat hard, firm, gristly, and the canal of the bowel narrowed. The disease usually occupies several inches of the intestine, and terminates by an uneven ulcerated edge." Another, "fungoid in structure, originating as a hard tumour, gradually increasing, becoming softer, and finally ulcerating."

When the disease is schirrous, it may develope itself in the form of *hard tubercles*, which are deposited either in the mucous or cellular coat of the intestine, and then gradually involve the others, or as a *general infiltration*, as it were, of the muscular coat first, which causes its condensation and thickening. From either, there is ultimately established a firm, rigid, and almost cartilaginous tissue across the rectum, in the centre of which there is usually detected an irregular orifice, with margins softer and more yielding than the other portions of the obstructions.

In the *lardaceous* deposite, one or more, and sometimes all of the coats of the rectum, are converted into a substance like soft cheese, white in colour, and readily broken down with the finger. This deposite, by thickening the walls of the intestine, cause them to encroach upon its cavity, and thus occasion a stricture.

The *fungoid* or *encephaloid* variety may originate from a schirrous or lardaceous deposite, or it may be a primary formation. It usually presents the shape of a circumscribed tumour, softish, easily broken down, and resembling encephaloid matter in other parts of the body.

Any portion of the intestine may be the seat of these deposites,

but as yet it is not positively ascertained which part is most liable. Some contend that the lower third is usually the point of attack, and this corresponds with my own observations; but I have seen the middle, and upper third primarily involved, while the lower was entirely exempt for several months.

The extent of the stricture also varies in different cases—usually but two or three inches of the intestine are affected, but sometimes we find its entire length included.

According to the observations of the celebrated Dessault, malignant disease of the rectum is by no means uncommon in persons advanced in life, but other authorities appear to think that middle age is the period at which it usually makes its appearance. Occasionally, though rarely, it is met with in young persons. Mayo, Bushe, and others report cases of this kind.

With the exception of Calvert and a few others, all unite in declaring the disease to be more common in the female than the male; and various explanations of the fact have been attempted. The varying condition of the womb during utero-gestation; its periodical conjestion in the unimpregnated state, which extends to the rectum; the want of support to which the rectum is subjected by the straightness of the sacrum and the general expansion of the pelvic bones in the female; and the irregular habits of many women in reference to the calls of nature, have all been considered as exerting a predisposing influence. Certain it is, that the disease usually makes its appearance about the cessation of the catamenia, which indicates some connection between the disappearance of this secretion, and the developement of the cancer.

With respect to the proximate cause of this complaint, there exists as yet nothing definite. That local injury may occasion its manifestation, no one questions, but it appears to me that in the majority of such cases, there must exist some tendency, either hereditary or acquired, to cancerous affections, and that the local cause merely hastened the development of the disease. By some, especially Lisfranc, the disease is considered as strictly local in its character.

Although malignant complaints of the rectum are usually attended, even from the first, with pain and distress of various kinds, the progress of the disease is by no means the same in every case—sometimes it grows with great rapidity, but for the most part its progress is slow, patients living for months and years, and ultimately sinking from exhaustion alone.

The symptoms indicative of this affection are very much the same in the different forms of malignant disease, being modified of course by the location, extent, and complication of the complaint. The first thing complained of by nine out of ten patients,

is costiveness, accompanied in most cases by a severe burning or lancinating pain, or a dull aching sensation in the rectum, which shoots through the pelvis, or extends up and down the loins and thighs. The pain in the thighs is often agonizing, and sometimes alternates with a *numbness*, or a sensation similar to that we experience when a part is "asleep." There is also a sense of weight in the back and loins, aching above the pubes, and often spasm of the anus; usually, though not invariably, these symptoms are all aggravated by exercise, and relieved by rest in the horizontal posture. There is also in some cases troublesome anorexia, abdominal pain, flatulence, and irritation of the bladder. As in simple strictures, the bowels here are in an exceedingly irregular condition, costiveness alternating with diarrhœa. The fæces are generally liquid, or broken into fragments, but sometimes they are natural in appearance and from the same cause that operates in simple stricture. The evacuations, when the costiveness yields, are always frequent and scanty, and usually mixed with mucus, blood, or pus,—and in the advanced stages with shreds of flesh or sloughs. When the disease extends to other organs, we have, of course, a new train of phenomena developed, which are for the most part sufficiently characteristic and to be recognised at once. Thus the irritations of the bladder, uterus, or bowels, when they occur, are readily distinguished. As the case advances, all the symptoms enumerated are increased in intensity,—but there is often added profuse hemorrhage from ulceration of the bowels, immense secretions of pus, the development of abscesses communicating with adjacent viscera, fistulæ, and sometimes dreadful destruction of the soft parts in consequence of ulceration and sloughing. I have known patients, however, destroyed by this disease, in whom no ulceration or sloughing occurred. The general health of the poor victim necessarily yields to the terrible influences of the local complaint—and along with the dyspeptic symptoms, the usual accompaniments of the disease, his complexion becomes sallow or leaden coloured, his limbs œdematous, the glands in the vicinity of the rectum enlarged, until at last, death, now a most welcome visitor, closes an existence the most wretched that can possibly be imagined.

It is often a matter of great difficulty to determine, in the commencement of the case, between a simple stricture and incipient cancer. Usually in the latter, there is the sharp, lancinating pain, even in the first stage; and when examined with the finger, it appears more firm and unyielding than the simple variety, at least such is the fact when *schirrus* exists. When the *lardaceous* or *fungoid* deposites are present the diagnosis is more difficult, because the obstruction is *soft* and *yielding*; but usually

this softness is much more decided than when the case is one of simple stricture; and there is usually a much greater disturbance of the general health—the patient presenting the peculiar aspect of one suffering from malignant disease. In the advanced stages, the severe pain, the profuse discharge, the rough surface, either hard or softish, the early contamination of adjacent parts, and the great constitutional disturbance, will be sufficient for us to form a correct diagnosis as soon as an examination of the case is made.

I once knew an ignorant physician mistake the disease for a common tumour or polypus of the rectum; but no one at all familiar with the two affections, or who has ever read a description of their peculiarities, could commit so gross an error. In the interesting cases of Mr. Crosse of Norwich, and Mayo, in which the fungoid disease manifested itself in the shape of a single tumour, with a well defined and circumscribed base, the malignant tendency was at once recognised, and although the tumours were removed, an unfavourable prognosis was given, and the disease eventually returned.

There is also another affection of the rectum and anus, first described by Cayol and Bayle, with which cancer is liable to be confounded. It resembles in all its attributes the "*Elephantiasis of the Arabs,*" and is distinguished from schirrus by its development being accompanied with distinct febrile attacks, during which there is severe pain in the part, and the swelling increases; by the absence of much constitutional disturbance, until the disease has acquired considerable volume; and by the fact that the *hardness* of the tumour is much greater externally than within the rectum. Dissection, too, readily reveals the difference between the two complaints.

Assuredly there is no complaint in which the prognosis is more unfavorable, for there is scarcely a well authenticated case of recovery from its attack. The few examples of alleged cures from excision of the diseased portion, do not deprive the above assertion of its weight; for although the patients were benefitted *for a time*, there was in nearly every instance a return of the disease. The measure is therefore to be considered, when justifiable at all, a palliative only.

The fatal result is brought about in one of three ways. The disease either gradually consumes the patient by long continued suffering, or it destroys him by producing complete obstruction of the bowels, or it occasions fatal peritonitis. Usually the schirrous and lardaceous varieties terminate in the first manner, while the fungoid is most apt to obliterate the passage—either may occasion peritonitis.

The post mortem appearances in one of these cases, are

dependant of course upon the form of the complaint. Thus we may have schirrous, lardaceous or fungoid masses, or all combined, and confined to the coats of the rectum, or extending to the neighbouring organs. Usually the rectum is bound by close adhesions to the bladder or vagina, and it is most important to keep this fact in mind when we have to decide upon the propriety of an operation. The extent of the disease, as I have already said, varies in different cases—sometimes only an inch or two of the rectum being involved, while at others the whole intestine seems to be attacked—and again the deposite may take place in distinct patches or spots.

Treatment.—The surgeon should ever bear in mind in the treatment of schirrous rectum, that his remedies in the vast majority of cases are but palliatives. Yet he should equally recollect that these palliatives are often of immense utility, prolonging, as they frequently do, the life of the patient, and in all cases materially assuaging his sufferings. There is in fact no form of disease in which the benefits to be derived from a judicious course of management stand forth more conspicuously. However irksome, then, may be the attendance upon such a case, the surgeon is in duty bound to stand by his patient to the last.

One of the most important indications to be observed inthe treatment of the case, refers to the condition of the bowels. These should be kept in an easy condition by laxative diet, if possible; but when this fails, the mildest cathartics, as oil, confection of senna, lac. sulphuris, and supertartrate of potassæ, should be employed; and their operation aided if necessary by enemata of warm milk and water, linseed oil and lime water, warm castor oil, or flaxseed mucilage. Active purgation, however, from the fact that it always increases the irritation of the parts, must be carefully avoided; and a very good rule is to administer a small dose of laudanum or morphia, as soon as the bowels have been once or twice relieved. Too much confidence cannot be placed in the castor oil injection, for not only does it act as an evacuant, but often it appears to operate as an anodyne, soothing the parts and removing the pain. I have often observed this in other cases of cancer, and I constantly order it as a local application in ulcers of this type in other parts of the body.

The severe pain with which most patients are afflicted, must of course be relieved by anodynes taken by the stomach and employed in enemata. It appears, probably, in consequence of the functions of the rectum being more or less impaired by the disease, that enemata do not answer as well as when the medicine is taken in the usual manner; but we often find it necessary to resort to both forms of administration. Much reliance was at

one time placed on the use of cicuta and hyoscyamus, but I believe we shall gain more from opium and morphia than any thing else. When, however, these articles appear to lose their effect, it is well to alternate them with other anodynes. Great benefit, too, results from the occasional use of the warm hip bath; but when the patient is much debilitated it cannot be employed with either advantage or safety. Much confidence has likewise been placed in the repeated application of leeches to the anus, but so far as my own experience goes, I have rarely seen any benefit derived from their use. On the contrary, they weaken the patient, render his nervous system more excitable, and thus increase his sufferings. Consequently, I never employ them unless there exists decided inflammation of the parts. Frequently much good results from small doses of balsam copaibæ, and diluent drinks, and when there is flatulency or acidity of stomach, the different alkalies must be employed. The diet of the patient should be mild and nutritious, and as a general rule he must be kept in the horizontal position as much as possible. When, however, we find that he is losing strength from the want of fresh air, it is necessary to send him out in a carriage whenever the weather will permit. Many attempts have been made to relieve this disease by different alterative remedies, so called, as mercury, iodine, arsenic, sarsaparilla, &c., but without much success. I think, however, that I have derived decided advantage from iodine in combination with sarsaparilla, and I generally employ the following formula.

℞ Potass. Iodid., ʒij.
Syrup. Sarsaparill. Comp., ℥xvi.
M. Sig.—A tea-spoonful to be taken three times a day.

I have also, at least so it appears to me, gained a good deal in cases attended with much inflammation, by the use of digitalis in the usual dose. In the different forms of schirrous inflammation, I am sure that nothing is more to be relied on, as I have seen it in cancer of the breast, for example, change the character of the ulcer in the course of a few days, and ultimately cause its cicatrization. Its beneficial effects were most decided in a case sent me from Easton, and which is now under the judicious and skilful management of Dr. Stout of that place. It probably acts by diminishing the quantity of blood determined to the seat of disease. Great differences of opinion are entertained relative to the employment of *bougies* in the treatment of cancer of the rectum; some declaring that, so far from doing good, they are either nugatory or positively hurtful, while others employ them in every case. If those opposed to their use will only tell us how we are to prevent the closure of the passage without them, at least in many cases, I for one would be most willing to

dispense with the measure; but until that is done, I am forced to declare that the *cautious* and *occasional* introduction of the bougie, is not only most useful, but often absolutely essential. The air bougie, or the ordinary rectum bougie, is the instrument to be employed, and must be introduced just as in cases of simple stricture; but I prefer, whenever it can be employed, the fore-finger. With the finger we can feel our way cautiously, and there is no risk of rupturing the intestine or injuring it in any way,—and being somewhat yielding, it can be introduced with less suffering than a bougie of the same size. It must be introduced two or three times a week—that is, if the patient can bear it thus often, and merely passed through the stricture.

Occasionally we meet with strictures so close, and with a sensibility so acute, that neither the finger nor bougie can be borne. In all such Mayo has proposed to divide the obstruction with a probe-pointed bistoury. I have never myself been under the necessity of resorting to the measure, and cannot therefore speak from experience as to its merits, but in Mayo's case the relief was so decided, and the risk so trifling, that I am disposed to advise its employment under similar circumstances.

As the disease advances, it becomes necessary to support the strength of the patient by tonics, a good diet, &c., and also to increase the dose of anodyne, notwithstanding the injury inflicted by it upon the digestive apparatus and nervous system. Without anodynes, life would prove a burthen too onerous to be borne.

Occasionally we find indications of inflammation of the rectum both in the early and more advanced stages of the complaint, and then the application of a few leeches to the anus is often exceedingly useful; but this measure is not to be employed unless the necessity is absolute, for few patients can bear the loss of blood. Of course, the antiphlogistic treatment must be observed until the inflammation has disappeared. Often it occurs, too, that fæcal retention takes place, and then we must resort to the introduction of a flexible tube, (through the stricture,) by means of which, and a syringe, we soften the fæces, and afterwards wash them out of the canal.

EXCISION OF THE RECTUM.

From the acknowledged incurability of cancer of the rectum by the usual methods of treatment, it has been proposed to excise the diseased tissue entirely, just as we do in other cases of cancer. It appears that this operation was mentioned by Morgagni, as the unsuccessful project of some surgeon of his day; but Beclard, in 1822, was the first surgeon of authority who advocated its performance. Before this, however, Faget, in

1739, performed the operation with success, removing one inch and a half of the intestine. Notwithstanding the advice of Beclard, who, by the by, never performed the operation himself, no one seemed disposed to undertake it until 1826, when Lisfranc took up the subject, and by his reputed successes, gave a decided eclat to the practice. Since his publication, the profession has been very much divided as to the propriety of the measure, but the weight of authority seems to be against it, in consequence of the liability to relapse, and the hazards of the operation itself. Nearly all unite, however, in this, that the operation is only justifiable *when the limits of the disease can be reached by the finger; when no adhesions exist between the rectum and surrounding parts, which would prevent the bowel from descending when the attempt to draw it down is made; when the case is recent; and finally, when the general health of the patient is such as to warrant the performance of so severe a measure.* Under no other circumstances should it be undertaken; nor even here, without first informing the patient of the little probability of success,

The following is the best mode of proceeding when it is deemed proper to operate.

"The patient being placed in the position usually chosen for lithotomy, two semilunar incisions are made about an inch from the anus, on each side of it. These cuts, which are to extend through the skin and cellular tissue, are to unite behind and in front of the rectum. The end of the bowel is then to be separated by dissection from all the surrounding parts. The fore finger, half bent, is then passed into it, for the purpose of drawing it downwards, and, by this means, the mucous coat, which may be the part alone or principally diseased, may be made to descend a good way; and a considerable portion of it may be easily removed with scissors curved sideways, or with a bistoury. Even if the cancerous affection should implicate the whole thickness of the parietes of the rectum, the advocates of the operation assert, that the rectum may be turned inside out, and the whole of the disease brought into view, provided it does not extend more than an inch above the anus.

"When all the coats of the bowel and some of the adjoining cellular tissue are involved, the surgeon, after making the semilunar incisions, and detaching the end of the bowel at the whole of its circumference, is to pass his fore finger into the bowel, in order to serve as a guide for a pair of strong straight scissors, with which the gut is to be divided parallel to its axis, through its entire thickness, as far as the limits of the disease. This incision is to be inclined towards the posterior wall of the bowel, so as to be further from the vessels and the peritoneum. The latter cut enables the surgeon to unfold the gut, and expose the

disease through its whole extent; but if it should be concealed by the hemorrhage, a sponge full of cold water must be held for a few moments on the wound, for the purpose of stopping the flow of blood; and the lower portion of the rectum is to be kept downwards with hooks.

"In operating on a female, the assistant's finger introduced into the vagina will be of service. When the patient is a male, it is prudent to introduce a catheter into the bladder, which should be intrusted to an assistant."—(S. Cooper.)

The two dangers of the operation are *hemorrhage* and *peritoneal inflammation*, both of which, should they occur, are to be treated on general principles. The dressings of the wound should be a light pledget of oiled lint, which is daily renewed; and after all danger of inflammation has disappeared, the advice of Lisfranc, "to cause the patient to wear a thick roll of lint, which distends the canal," may be adopted, and continued for several weeks. Although incontinence of the fæces may occur after this operation, it is yet surprising how much, in many cases, is accomplished by nature towards the establishment of a substitute for the natural canal. A kind of sphincter is formed out of the circular muscular fibres of the rectum, and some of those of the levator ani, which retains the fæces, and the canal from which we have removed the intestine is soon lined by a membrane very similar to mucous tissue. In the case of Mayo and some others, the patients lived for two or three years, and during the whole of this period were able to retain their fæces, and suffered little or no inconvenience from the operation.

Notwithstanding these favourable results, it should be borne in mind that the operation, in the vast majority of cases, is altogether unjustifiable, and should never be undertaken unless the favourable circumstances already referred to are present.

THE ESTABLISHMENT OF AN ARTIFICIAL ANUS.

When all the remedies enumerated fail to relieve the patient, and the obstruction is such as to produce dangerous retention of fæces, surgery, fertile in resources, still offers another mode by which, in some cases, life may be prolonged, viz.: the "establishment of an artificial anus."

As this operation is comparatively modern, it may not be uninteresting to glance at its history. It appears that some of the ancients, especially Praxagoras, proposed a measure somewhat similar to the one now in use; but unquestionably Littré, in 1710, was the first of the more modern authorities to suggest the establishment of an artificial anus in cases of insurmountable obstruction of the rectum. According to the statement of the

able writer of an excellent article upon this subject in the October number of the British and Foreign Review, there has been a most singular misinterpretation of the words of Littré, who merely proposes "opening the cavity of the abdomen, dividing the rectum, and then connecting the upper portion of the intestine with the external wound!" He does not state the position in which the wound should be made, although he is reported to have advised the *sigmoid flexure of the colon*, to be reached through the iliac region, as the most favourable point. But notwithstanding the recommendation of such a measure, it appears that Littré never performed the operation, which was first executed by Pillore, of Rouen, in 1776, who made his incisions so as to reach the *cæcum*. The patient who had cancer of the rectum survived only twenty-eight days. Fine, of Geneva, was the next, in 1797, to perform a somewhat similar operation for cancer of the rectum, but he opened the *transverse colon* from the *umbilical region*. Since this operation, the method of Littré, slightly modified, has been put into practice by Freer, in 1818—Pring, in 1820—Martland, in 1824—Velpeau, in 1839—Amussat, in 1840—and Thierry also in 1840. Although these operations serve to fulfil the indication of relieving the fæcal retention, they are defective in one most important point; they *all involve the peritoneum*, and hence the danger from inflammation of this membrane is always very great. Indeed, with the exception of Martland's case, whose patient was alive seventeen years after the operation, and Pring's, in which the patient survived six months or more, and Fines', where death occurred after the lapse of three months and a half, the operation has proved fatal in a few days, at least where it has been performed for cancer of the rectum. When performed for imperforate anus, it appears to have been a little more successful, as is shown by the cases of Duret, Desgranges, Serrand, Miriel, and Klewig, but here, too, the mortality has been very great.

As early as 1796, Callisen saw the objection to the plan of Littré, and proposed to open the *descending colon behind*, from the *left lumbar region*, where it is not covered by peritoneum. It does not appear that he ever performed the operation on the living subject, and it remained for Ashmead, of Philadelphia, and Amussat, of Paris, to bring the measure fairly before the profession. Although M. Amussat has generally received the credit of having first succeeded by this process, it is yet certain that Dr. Ashmead performed his operation on the *15th of March*, 1838, and that Amussat reports his as having taken place on the *2d of June*, 1838. Both are modifications of that of Callisen.

Dr. Ashmead has operated, I believe, in *two* cases, but the patients died in a few days. Amussat has had *six*, and of this

number one lived *five months*, one was alive *two years* and *three months* after the operation; another *ten months after;* another *seventy-five days* after; another *a month* after; while the sixth died on the tenth day. Baudens has operated *once*, and the patient died on the fifth day; Clements *once*, and the patient recovered; Teale *once*, and death occurred on the seventh day; Jukes *once*, and death ensued on the tenth day. It must be confessed, that such a resumé is anything but satisfactory.

Operation as performed by Amussat.—The operation as performed by Amussat, is executed in the following manner:

"A transverse incision is to be made two fingers breadth above and parallel to the crista ilii of the *left* side, or rather in the space which is bounded by the false ribs above, and by the crista ilii below; the incision should commence at the external margin of the erector spinæ, and extend outwards for about four inches. The spinous processes of the lumbar vertebræ, the crista of the ilii, and the last false rib, are the principal guides. The superior margin of the crista ilii is, however, the safest of these; and the transverse incision may be said to correspond to the *middle third* of this part of the ilium. After having divided the skin and all the more superficial tissues, the deeper layers are next to be incised as they present themselves; if necessary, the external border of the quadratus lumborum may also be cut across. The dissection is then very carefully to be carried through the layers of cellular tissue which lie immediately upon the intestine, and the colon sought for; this will, in general, readily present itself, and may at once be recognised by its colour and distended appearance. The operation may then be completed by passing a tenaculum, or needle armed with a strong waxed thread, into the most projecting part of the intestine, and by this means drawing it to the surface of the wound, in order to prevent it shrinking or sinking back when opened; it is now to be punctured with a large bistoury or trochar, and its contents having been evacuated, the sides of the opening in the intestine are to be fixed to those of the incision in the skin by four or five points of suture, so as to prevent the contents of the bowel being effused into the cellular tissue of the wound. It is highly important to draw the colon well forward before opening it, in order to prevent its contents escaping into the wound, where they would set up considerable irritation, and prevent or retard the union of the parts. There are but few vessels and nerves cut, as they for the most part run parallel to the line of incision. When the operation is practised on the dead body, it will be found on dissection that the following are the parts cut through.

After the *skin* and *cellular tissue*, the *latissimus dorsi* will be seen divided towards the posterior third of the incision, and the *obliqus externus* in the *anterior* two-thirds of it, the *obliqus internus* and the *transversalis*, sometimes the *quadratus lumborum*, the *cellulo-adipose* tissue which immediately covers the intestine, and finally, the *colon* itself."

Operation of Ashmead.—The following extract explains the method of operating resorted to by Dr. Ashmead, and it must be obvious to all familiar with the subject, that it is almost identical with that proposed by Callisen. It is due, however, to Dr. Ashmead to state, that at the time his operation was performed he had never seen or heard of the method of the surgeon of Copenhagen.

"An incision was made through the skin, extending from the last rib to the crest of the ilium, immediately anterior to, and parallel with the sacro-spinal mass of muscles—the subcutaneous cellular tissue and superficial fascia were next divided with the aid of a grooved director. Three or four large nerves, and two small arterial and venous trunks now presented themselves, crossing the wound within its inferior half; the arteries and two of the nerves had to be divided, but no hemorrhage ensued, in consequence of the sudden retraction of the distended vessels. A layer of cellular tissue being now divided, brought into view a thin fibrous aponeurosis, which is the internal layer of the transversalis fascia, given off from its posterior edge to the internal surface of the quadratus lumborum, and inserted at the roots of the transverse processes of the vertebræ. This tissue is of uniform appearance and thickness, lies next to the bowel, is attached to it by cellular tissue, and might readily be mistaken for peritoneum—behind it laid the bowel enormously distended, but not visible, owing to the intervening fascia. At the inferior angle of the wound the edge of the quadratus lumborum was divided, in order to prevent it from forming a pouch with the punctured bowel.

"Without dividing this aponeurosis, a large temporary ligature, in a strong curved needle, was passed through it, and the presenting portion of bowel, about an inch above the crest of the ilium, entering from behind, and brought out three-quarters of an inch anterior to its point of entrance. A second ligature was immediately placed about one inch and a half above the first. The ends of these ligatures were now secured to the edges of the wound, on both sides, in order to fix the bowel firmly, and to prevent infiltration in the interstices of divided parts or within the fascia. A small perpendicular opening was now made, by a bistoury, into the bowel, between the two ligatures, and enlarged by the aid of the director and finger to the length of one inch. Instantly a volume of gas

and a small quantity of thin feculent matter escaped. All vomiting, spasm, and acute pain immediately ceased upon the opening being made. A piece of large flexible catheter was introduced about two inches up the colon, and secured by adhesive strips—(a measure which subsequent experience proved to be useless.) The application of simple dressings around the wound, and a soft sponge to its edge to receive the discharge, completed the operation.

"On the third day the catheter was removed, and the ligatures were withdrawn at the end of a week. As the wound contracted, its *posterior* edge was drawn towards the spine, while the surface next the abdomen, owing to the elasticity of the surrounding parts, was drawn along with it, so as partially to overhang the opening into the bowel, thus forming a sort of imperfect valve, and giving the opening an oblique direction—without at the same time interfering with the evacuations. The mucous membrane of the bowel was evoluted, forming an elevated ring around the wound, which was extremely sensitive to the touch.

"The operation was followed by considerable prostration for three or four days, owing to the sudden removal of distension, but all vomiting and pain ceased, the patient was able to take nourishment, and slept comfortably, with but little aid from anodynes. The change was so striking and gratifying that her friends now entertained hopes of a recovery; but the abdomen continued larger than natural, though it was soft and flabby—at the end of ten or twelve days a diarrhœa set in, with loss of appetite and depressed spirits, and the patient sank on the sixteenth day after the operation.

"A *post-mortem* examination, hastily made, revealed universal adhesions of the peritoneal surfaces of the bowels, with false membrane in some places one-eighth of an inch thick, limpid serum in the cavity of the abdomen—coats of the intestines so much thickened as to have lost their elasticity—no pus about the wound—the incision at least half an inch from the peritoneum, on either side of the bowels. Schirrus of the rectum, four inches in extent, extending to the vagina, arteries, ovaries and bladder.

"Dr. Ashmead believes that his patient might have recovered, had not organic disease existed to so great an extent before the operation."

All surgeons acknowledge the hazards of either operation, but there is a difference of opinion in relation to the *comparative danger* of *each*.

The advantages of the process of Callisen are,

1*st*. The peritoneum is not opened, and hence there is less risk of peritonitis.

2*d*. As only *one side* of the colon can be drawn forwards, and

not a *knuckle* of it, as would be the case if the *small* intestines were operated upon, it is evident that the spur-like process, which exists in all such cases, would present to a very slight degree; and consequently, if the *artificial* anus become useless by the restoration of the natural passage for the fæces, it could be readily closed without any fear of the ridge or spur, which is present in common artificial anus, occasioning any obstruction to the descent of the contents of the intestinal tube.

3*d*. If the peritoneum is accidentally wounded in our attempts to reach the colon, the wound will be at the most dependent part of the abdominal cavity; and hence the danger from effusion of fæces, pus, &c., would be much less than when the opening is made in front.

4*th*. It is said that there is less risk of prolapse of the intestine.

All these alleged advantages are denied by Vidal and others, who still prefer the operation of Littré; but the weight of authority is at the present time decidedly in favour of the method of Callisen, or its modifications by Ashmead and Amussat.

The orifice which remains after the union of the parts is situated at the bottom of a *deep pit*, is lined by mucous membrane, and must be kept covered by a sort of truss or bandage, which should be removed whenever the fæces are discharged. If this orifice contracts, it should be dilated with sponge tent, and when the mucous membrane prolapses it must be returned, and carefully supported by the bandage.

Many surgeons contend that the hazards of these operations are such, and the inconvenience attendant upon an artificial anus so great, that the measure is scarcely justifiable. But it is our duty in these terrible cases to offer the patient or his friends every resource of our art; and it is for them to determine whether or not life, under all the circumstances, is desirable. Many persons have survived for several months or even years, and have lived to settle their affairs, or bring up their children even, who, without the performance of the operation, must have died in a few days. I cannot, therefore, hesitate to advise a recourse to the measure, when every thing else has failed, and death inevitable in a few days without it.

CLINICAL LECTURES AND REPORTS.

PHILADELPHIA HOSPITAL.

Saturday, December 21, 1844.

CLINIC OF PROFESSOR DUNGLISON.

Reported by Mr. Samuel G. White, of Georgia.

The two cases of INTERMITTENT FEVER, reported at the last lecture, Professor Dunglison stated, had recovered, and been discharged. They were cured of the intermittent, but some enlargement of the spleen remains in one of the cases, which was yielding, and will pass away in course of time.

The subject of nutrition having engaged the medical class at Jefferson Medical College during the week, the lecturer took up the consideration of

SCROFULOSIS,

tuberculosis having been investigated already.

This is a subject rarely selected for clinical remarks, and yet it is one on the true nature of which vague notions are entertained.

Between scrofulosis and tuberculosis there is much analogy, but they can scarcely, perhaps, be considered altogether identical. Some authors, however, regard them so; the principal apparent difference being in the tissues involved. This view derives confirmation from microscopical investigations; for it is found that the matter of tubercle does not differ from that of a scrofulous abscess. The ages in which they occur are, however, different; for whilst scrofulosis is chiefly confined to children, tuberculosis is mainly a disease of adolescence and virility; and although scrofula is sometimes developed in old age, it will usually be found, on examination, that its foundation was laid in early life. Moreover, an individual may exhibit every sign of a scrofulous habit, and yet be free from any distinct evidence of tuberculosis. It must be admitted, therefore, that the two diseases do differ in some respects, although the remarks made in this lecture may be considered applicable to both affections.

Scrofulosis has been variously defined by different writers. Some consider its main feature to be an indolent enlargement of the glands of the neck, with development of the upper lip, fair skin, light hair and eyes, &c. But it need scarcely be remarked,

that this is an exceedingly limited view of the disease, and even objectionable, inasmuch as the appearances indicated may be absent in marked cases of scrofulous habit, and present in other diseases in no way connected with scrofula.

It is admitted by all, that tumefaction and suppuration of the cervical ganglia are symptoms of scrofulosis, but it is something more than this. The inflamed gland is simply an expression of the disease, and not the disease itself: and it is not the only expression, for caries, morbus coxarius, &c., are also evidences of this diathesis.

But inflamed or suppurating glands are not confined to scrofulous persons; they may and do occur in healthy individuals, whenever nutritive irritation exists so as to involve the lymphatic ganglia, between its seat and the thoracic duct. Of this, we often see examples in children affected with irritation of the scalp, giving rise to enlargement of the glands of the neck,—as well as in cases of inflamed inguinal, axillary or mesenteric ganglia, when there exists any source of irritation in the upper or lower extremities, or in the mucous lining of the small intestines. These enlarged glands, in a healthy individual, may also go on to suppuration, but the pus formed is—to use a surgical term of doubtful propriety—'laudable,' and it terminates in health; but if there exists a scrofulous habit, different results will ensue; the gland increases in size, its surface becomes red, then bluish, and soon fluctuation is detected; and if not interfered with, ulceration of the integuments succeeds, accompanied by a discharge of cheese-like pus, followed by an unsightly cicatrix.

These definitions of scrofula, as before remarked, are very imperfect. They enumerate the expressions, but do not define the disease. Scrofulosis, the professor observed, is not a local affection. It is a disease of the blood, and of the entire system of nutrition. Analysis of the blood, drawn from a scrofulous individual, shows a diminution in the ratio of red corpuscles; and although there is an increase in the proportion of the fibrinous constituent, it is of an inferior degree of organizability, differing in this particular from the blood of inflammation. Owing to this imperfect organizability of the fibrinous element, the exudation or pus corpuscles, instead of being of the healthy character, are 'cacoplastic,' or even completely 'aplastic.'

The blood of scrofulosis contains a larger quantity of albumen and less fibrin than that of inflammation, and albumen is less organizable than fibrin, which is, in fact, the only self-organizable material. It should be recollected, that in the healthy execution of the functions albumen is being constantly converted into fibrin; and it can be readily conceived, that if this process be imperfectly performed, the fibrin will be of an inferior quality, and the ratio

of the albuminous constituent of the blood may be augmented. In the diseased condition, then, under consideration, as also in tuberculosis, the organic functions appear to be diminished in energy, and the fibrinous element of the vital fluid is endowed with imperfect organizable power, whilst the albuminous element is increased in quantity.

If, then, the blood and the nutritive function be diseased, how imperfect must be the definition, which considers scrofulosis a simple glandular malady! Is it not rather a cachectic condition of the whole system;—a disease of the system of nutrition?

The patient, before the class, did not exhibit much enlargement of the cervical ganglia, but presented every evidence of a highly strumous diathesis.

In both tuberculosis and scrofulosis there is a diathesis, communicating a predisposition, which is developed by exciting causes, that, in a healthy individual, would have no such effect. We may, then, have a scrofulous as we have a tuberculous diathesis.

The case under consideration presents a disposition to the development of irregular inflammatory action in various parts of the system, which must be referred to some peculiarity of constitution. Sometime since, she was much harassed by hyperæsthesis or a preternatural sensitiveness of the whole surface, conjoined with inflammation and extreme tenderness of the scalp, for which the tincture of iodine was employed as a topical application, with much benefit.

The lecturer regards this disease and tuberculosis to be, so far as any diseases are, hereditary; a predisposition being transmitted from parent to child. But, although there is generally this hereditary tendency, it cannot be denied, that it may be developed, under special circumstances, without any such predisposition existing; as by confinement in ill-ventilated apartments, where numbers of persons are crowded together; bad food; want of exercise; uncleanliness, &c.; and we find that, under the same circumstances, diseases analogous to scrofula are generated in the inferior animals. It is certain, also, that by avoiding the exciting causes, an individual strongly predisposed to scrofulosis may avoid its development until late in life, or even altogether. We are compelled to admit, therefore, that although, in the vast majority of instances, there is an hereditary tendency to this disease, it may be produced without it, and that even when such tendency strongly exists, it may be prevented from developing itself by proper management.

The professor is disposed to believe, that the frequency of scrofula, in many eleemosynary institutions for children, is greatly owing to faulty architecture, by which proper ventilation is ren-

dered impracticable. In such institutions, as in the Children's Asylum of the Philadelphia Hospital, the windows are not cut down to the floor so as to permit the fresh air to circulate freely, and the consequence is, that foul or impure air collects beneath the windows. In buildings intended for adults this would be of little moment, as their heads are constantly above or on a level with the window sill; but not so with children, who are, as it were, constantly immersed in the foul air that collects beneath the sill. It is probable, that if such faulty construction of the rooms were avoided, by extending the windows to the floor, many cases of scrofula might be prevented.

As before observed, it does not follow, that a person is scrofulous because he has inflammation or enlargement of the cervical ganglia; this is only an expression, at most, of the disease affecting the whole constitution. Scrofula has other expressions besides that affecting the glands, and among these a variety of ophthalmia is extremely common. 'Strumous ophthalmia,' of which numerous instances exist in the children's asylum in this Institution, presents several varieties. In all chronic cases of ophthalmia it is important to determine whether its chronicity may not be due to this diathesis, as it must influence the mode of treatment.

In one form, the edges of the eyelids are especially implicated, and become red, and covered with a yellow crust, the secretion of the inflamed Meibomian follicles. This is the ophthalmia tarsi. But perhaps a more common form is that in which phlyctænæ form on the conjunctiva, and, after continuing for a longer or shorter time, burst, leaving white cicatrices. The formation of the cicatrices often gives occasion to much uneasiness, from an apprehension that specks may be left, which may interfere with vision; but this dread is generally groundless. The professor has seen many cases of this character, some in his own family; but in no case has loss of sight resulted,—the white marks gradually disappearing. This form of ophthalmia is not unfrequently the consequence of some of the eruptive diseases, hooping cough, &c.

Otorrhœa is another affection extremely common in scrofulous persons, which consists in the discharge of a puriform matter from the ear. Sometimes the matter discharged proceeds only from the external ear. Not unfrequently, however, it flows from the middle ear, producing destruction of the ossicles, and perforating the membrana tympani. Although there may be this extensive destruction of parts, audition is not necessarily destroyed; yet it is usually greatly impaired. Loss of hearing may not, however, result, unless the membrane of the foramen ovale be destroyed also.

The professor himself has had an intermittent discharge from the middle ear from infancy, with, of course, perforation of the membrana tympani; but it has not destroyed, although it has impaired the hearing of that ear.

He has found no permanent benefit, in strumous otorrhœa, from local remedies. In every case the treatment—with the exception of repeated ablutions made by means of a syringe or otherwise—must be directed to the diathesis. Place the patient in a situation where fresh air may be enjoyed; send him to the sea shore when practicable; and put him upon the free use of animal food, and other means adapted to improve the condition of the blood. In these cases it will be found, as the general health and the plasticity of the blood increase, the otorrhœa will be diminished, and it may finally cease,—although such cases are generally very obstinate.

Sometimes scrofula manifests itself in disease of the osseous system, as in the morbus coxarius, white swelling, &c. [The professor here introduced a boy of markedly strumous diathesis, affected with coxalgia.] Since, then, scrofulosis has so many different expressions, how forcible is the objection to the definition before given, that it is essentially an enlargement of the cervical glands! Where the disease thus attacks the bony system, attention must, of course, be directed to the treatment of the local affection, but at the same time, it is all important to improve the constitution of the patient. The same may be said of glandular inflammations of a strumous character. The lecturer considers, that the enlargement of the glands is due to nutritive irritation, which has a similar effect as the irritation excited by the introduction of a thorn or other foreign body in any part of the tissues, and the effect of such irritation cannot be expected to cease until the cause is removed.

The professor remarked, that he dwelt long on this important subject, because it was generally little attended to, and imperfectly comprehended by students. In cases where many parts are simultaneously diseased, there is often much difficulty in determining, whether their obstinacy may not be dependent on this diathesis, and hence the importance of being acquainted with its characteristics, and, as far as practicable, with its nature.

The treatment of scrofulosis is both therapeutical and hygienical; but in most cases the greatest reliance is to be reposed on the latter. A judicious combination of both is, however, most satisfactory. All the remedies employed should be directed to the removal of the diathesis—to the improvement of the condition of the blood, so that it may produce euplastic materials

rather than cacoplastic—and to a modification of the morbid state of the tissues.

General bloodletting is rarely had recourse to, as the vital actions are seldom exalted. Local depletion, acting as a revellent, is more employed. It is in scrofulosis, that the various articles comprising the class of eutrophics are administered, especially the preparations of iodine. Eutrophic, as the class are aware, is a term introduced by the professor to denote "agents whose action is exerted on the system of nutrition, without necessarily occasioning manifest increase in any of the secretions." They are articles that enter the mass of blood, and, by modifying its condition, impress corresponding changes on the system of nutrition. Of these, iodine is the chief; and a combination of it with iron—as in the ferri iodidum—would seem peculiarly appropriate, as the indication is to give tone to the system, and modify the condition of the blood, and of the nutritive system;—the iron fulfilling the former, the iodine the latter indication. It should be remembered, however, that for much good to result, its use must be persevered in for a length of time. A great error with the young practitioner is—his becoming too often discouraged; giving up a remedy too soon, and resorting to something else. So long as the indications remain the same, if the remedy be capable of fulfilling them, it should be continued until it is clearly seen that no good is likely to result from its further use. The use of the ferri iodidum, or any other article, in scrofula, should be continued for at least one month.

Recently, a most nauseous article has been brought forward with the highest pretensions—the oleum jecoris aselli—which is found to contain a small portion of iodine, and which may prove beneficial by the oil furnishing a modified chyle, and by its iodinic constituent. But it is exceedingly difficult to obtain it; and as difficult, after it is obtained, to persuade the patient to take it. The professor thinks, that olive oil, combined with a small quantity of iodine, would be as beneficial as the cod liver oil. It would, moreover, possess the advantage of being more accessible and far less unpleasant. He proposes to adopt it in the management of the cases of scrofula in this hospital, and to report the results.

Bromine has also been employed in scrofula. It acts in the same manner as iodine.

Although iodine and its preparations not unfrequently prove beneficial, the professor has often found them unsuccessful. He cannot, indeed, recommend them strongly, from the results of his own experience. The same remark applies to their use in tuberculosis.

The objection to the use of mercury is, that its ordinary action

is presumed to be to diminish the amount, or the plasticity, of the fibrin of the blood. At least, it is given with this view in diphtheritic inflammation. Possessed of such properties, it must obviously be contra-indicated in scrofula, in which the plasticity of the blood, as has been seen, is diminished. If this be admitted, it must be manifestly improper to administer any remedy that would further diminish it. Mercury, then, being of doubtful propriety, if not positively injurious, there is no necessity for administering, especially as there are articles superior to it.

It is very probable, that the extract of walnut, and similar articles recommended in scrofulosis, exert nothing more than a tonic agency.

The professor here presented two men of colour, to exhibit scrofulous enlargements of the glands of the neck, one of whom had lately suffered from variola. Several of the glands of his neck are enlarged, and filled with cacoplastic and aplastic matter, which, if permitted to remain, will cause ulceration of the integuments, and leave unseemly cicatrices. The other patient exhibited one of these glands in an ulcerated condition.

The local management of these suppurating glands properly belongs to the domain of surgery; but the professor thought proper to allude to one or two points connected with their treatment. When they manifestly contain purulent matter, they should be early and freely opened in the direction of one of the natural folds of the part to avoid a cicatrix. The fluid must then be pressed out. The class were cautioned against the protracted use of poultices in these and similar cases, which are apt to induce great loss of parts.

The treatment then of scrofulosis, it will be seen, consists essentially in the administration of remedies that are adapted for modifying the condition of the blood, and in the adoption of means that will improve the general health—as eutrophics, exercise in the open air, well ventilated apartments, nutritious diet, &c.

The local treatment, as already stated, belongs to the surgeon.

Scrofulosis is not, as some definitions would import, confined to individuals with light hair or fair skin; for it is not unfrequent in those with swarthy complexion and black hair, and is very common amongst the negroes of the south in its most aggravated forms.

The lecturer observed that he was always unwilling to permit the class to separate for the season, without directing their attention to this diseased condition.

Professor Dunglison next drew the attention of the class to a case of

DEATH FROM DROWNING,

which had occurred during the week, in order to elucidate the general pathology of asphyxia, on which he had dwelt elsewhere. The gentlemen attached to the class of Jefferson Medical College would recollect his remark on the occasion alluded to,—that in consequence of the conversion from venous into arterial blood being arrested in the lungs, the radicles of the pulmonary veins receive black blood into them, which is not adapted for their sensibilities; a stagnation of fluid takes place in those vessels, and, as a consequence, black blood is found filling the pulmonary artery, the right side of the heart, the large veins, and the veins of organs in the vicinity of the heart more especially. These phenomena were well marked in a recent case, to the particulars of which he wished to attract their attention.

A woman, in full health, was observed intoxicated on the banks of the Schuylkill, about one hour before the body was discovered in very shallow water. She had not, therefore, remained long under water; but owing to her helplessness, she had never, probably, risen to the surface, so that the asphyxia was complete, and it offered a good example of the pathological appearances in such cases. The body was examined by Dr. Farquharson, one of the resident physicians—to whom he was indebted for the history of the case and morbid specimens—about sixteen hours after death.

The face was swelled, and of a mottled purple. The arms and thighs presented patches of discoloration; and a small quantity of whitish froth issued from the mouth, the amount of which was not increased by pressure upon the chest, although a small quantity of watery fluid escaped when the body was turned over.

On opening the chest, numerous old pleuritic adhesions were found, on the removal of which, and the consequent compression of the lungs, a discharge of watery froth took place from the mouth. All the parts of the pulmonary tissue were engorged with blood, and were much heavier, and of a darker red colour than in the normal state. The posterior portions of both lungs were more engorged hypostatically, or from position. The trachea and bronchial tubes contained the same kind of watery froth, or frothy mucus, as that which issued from the mouth. The liver was large, engorged, and of a bright red colour. The *right cavities of the heart and the coronary veins were filled with dark fluid blood. The left cavities were empty.* Such are the main phenomena occasioned by the mode of death—*asphyxia from drowning.*

The lecturer exhibited the genito-urinary organs of the female, which were, in some respects, abnormous.

The bladder was contracted to a small size, and evidently incapable of containing much urine; and its inner coat was red and rugous. It was not known that she had complained of any affection of the urinary organs, although the condition of the bladder sufficiently indicated that it could only have held a very small quantity of fluid.

The upper portion of the vagina was of a dark red or lees of wine colour; and if the female had been pregnant, the appearance would have been regarded as highly confirmative of the views of Jacquemin, Kluge and others, who regard it as a strong single evidence of pregnancy. The uterus was rather large. The mouth of the organ contained a thick reddish fluid. The cavity of the body and the cornua were of an intensely dark red colour, and contained a fluid of a darker colour than that in the os tincæ, and the tissue of the uterus was much engorged with blood. It was not improbable, that she was menstruating at the time of her death.

Both Fallopian tubes were engorged with blood; and one of them presented a tortuous or convoluted appearance, as if it contained small elliptical bodies. Two transparent cysts, one of the size of a large pea, the other about one-quarter of that size, hung down into the peritoneal cavity. They were attached to the same pedicle, which was about one inch long. The ovary on this side was of a white colour, hard, and closely attached to the uterus by a short ovarian ligament, and a stringy bond of union. The other ovary had upon its surface three or four fluctuating prominences, which, on being opened, proved to be small sacs containing a reddish limpid fluid. The remaining portion of the ovary was of a uniform dark red colour. They resembled in their character the transparent cysts above mentioned; and the lecturer remarked, that he every year met with them, where there had been no signs to indicate any morbid affection of the uterus, tubes or ovaries. Yet it could readily be understood, that these cysts might undergo, in certain situations, and under favorable circumstances, farther development, so as to give occasion to ovarian dropsy. At times they might have their origin in the infecund ova, which would seem to be thrown off periodically during menstruation.

The professor lastly exhibited to the class some morbid specimens with which he had been favoured by Dr. Keating, one of the resident physicians, who had also furnished him with the history of the case that afforded them.

A man, aged 61, had been a soldier, and received a bayonet

wound in the trachea, between the thyroid and cricoid cartilages, the cicatrix of which was very apparent.

He had consulted Dr. Keating two or three weeks previous to his last illness respecting a soreness in his throat, which interfered very materially with deglutition, and prevented his taking solid food. He attributed this affection to the effects of the bayonet wound; but as 30 years had elapsed, and he had never suffered from it before, it was thought that there must be some other exciting cause.

Counterirritants were ordered to his neck externally, and a strong alum gargle. His bowels, which were costive, were kept open by means of mild laxatives, and he lived entirely on eggs. He experienced some relief from this treatment, and appeared to be recovering, until Tuesday, Dec. 17, when he was found suffering from great dyspnœa, and complaining of something in his throat which interfered with respiration. He was continually endeavouring to clear his throat, and his voice was that of a hoarse whisper, resembling, at times, that of a ventriloquist. His mouth and throat seemed clogged with a thick ropy mucus, which he was obliged to remove with his fingers, not having the strength to expectorate it. Forty grains of ipecacuanha were given in two doses, to enable him to discharge this mucus, which had the desired effect: he vomited a great quantity of it, and sank into a quiet sleep. He was also ordered brandy beaten up with eggs, as his pulse indicated great prostration. He passed a very comfortable night, and continued better till 4 o'clock, P. M., of the next day, when Dr. Keating was sent for, who found his breathing very much oppressed, pulse small and quick, and throat so clogged up with thick mucus, that he could scarcely distinguish what he said: his voice was that of a hissing whisper, and the mucus rattled very audibly in his throat. He now complained of a very severe pain and oppression under the sternum. Under the feeling that the first indication was to get rid of this inspissated mucus, every effort was used to induce vomiting, but in vain; the patient's powers gradually failed. He died about 2 P. M. on the following morning.

On examination, after death, the lungs—which were exhibited to the class—presented all the appearances of the third stage of pneumonia, being filled with pus. The upper part of the larynx was extensively ulcerated, and there was a large quantity of ossific matter deposited in the seat of the old bayonet wound. All the cartilages were ossified, and the epiglottis was enlarged and indurated: there was also slight ulceration in the upper part of the pharynx. The trachea was healthy, but filled with this thick mucus. All the other organs of the body were natural.

BIBLIOGRAPHICAL NOTICES.

De l'Identité du Typhus et de la Fièvre Typhoïde; par C. E. S. Gaultier de Claubry, Chevalier de l'Ordre Royal de la Légion d l'Honneur, Docteur en Médecine et Agrégé libre de la Faculté de Paris, &c. &c. 8vo. pp. 496. Paris, 1844.

On the Identity of Typhus and Typhoid Eever. By C. E. S. Gaultier de Claubry, &c. &c.

The doctrine of the distinct characters of Typhus and Typhoid Fever was promulged a few years ago with more zeal, and we had almost said intolerance, than was discreet or judicious. As in the case of Broussaism, sides were taken by the great contending parties, and the controversy exhibited more of the character of a political than a scientific warfare. Points were considered established that are now abandoned; and scientific doubt has now taken the place of categorical assertion. And who is there now, of all the warm enthusiastic Broussaists, who were so obstreperous not many years ago, that ever refers to views once so warmly cherished, but of which subsequent observation and reflection have shown them the fallacy?

On the subject of typhus and typhoid fevers things are not as they were; and much discordance exists, even among those who believe in their separate and distinct character. Some are of opinion, that the intestinal lesion constitutes the essence of the affection; whilst others regard it as a mere expression of the constitutional malady,—as the variolous eruption is of small-pox, and the morbillous of measles. Once, a grand distinction between typhoid and typhus fever was considered to be—that the former is not communicable, whilst the latter is; and this essential difference was forcibly urged by one of our own writers—Dr. Gerhard—who had no doubt whatever on the matter;—his convictions being based on actual experience in the Philadelphia Hospital. Such, too, *were* the views of M. Louis. *Now*, however, he affirms, that the contagious nature of the typhoid affection is fully demonstrated. M. Bretonneau, of Tours, the great originator of the doctrine as to the intestinal character of this affection, and of the term *Dothinentérite* applied to it,

affirms, that he has seen the disease pass from one village to another previously free from it, after the arrival in the latter of one who had remained for a longer or shorter period in the former; and the observations of Gendrin, Putegnat, and others, have so strongly confirmed those of M. Bretonneau, that M. Louis has fully embraced the doctrine of contagion as applicable to typhoid fever. Whether all his disciples have followed, or will follow, the master, does not appear, for many of them are silent; and it will not be easy for them, we apprehend, to bring forward stronger facts in favour of its contagious character than those they adduced to show, that whilst typhus was positively communicable, there was no example of the typhoid affection extending in the same manner.

Again, not many years ago, it was a matter of universal belief, that typhoid fever does not occur in infancy. *Now*, it is shown to be very common amongst children; and valuable information on this head is contained in the excellent work of MM. Rilliet and Barthez. We are told, again, that in Paris it is limited to persons under fifty; yet further observation may exhibit, that there is no more truth in this than in some of the other assertions, that were considered established until farther observation demonstrated their inaccuracy. The same disease in different years and seasons, by no means assumes precisely the same characters. Circumstances, too, may arise that may give occasion to its attacking those of one age at one time, and of another at another; and, consequently, as on every subject of pathological investigation, we must record the observations, not of one or two years or seasons, but of a great number. Such a course has enabled us to establish, that, in the same country, as in England, where typhus generally prevails, but few cases, at times, in the mass, present the affection of the patches of Peyer, which is esteemed characteristic of typhoid fever; at others, almost all the cases exhibit the intestinal lesion; and yet the general ataxic and adynamic phenomena may be the same. These and other facts, which we have not space to detail, have led us to regard the two diseases as but varieties of adynamic fever having different phenomena or expressions under different circumstances; and such appears to be the view of the author of the work before us.

In the year 1835, the Académie Royale de Médecine proposed for the subject of a prize essay, to be determined in 1837—"to point out the analogies and difference between typhus and typhoid

fever in the present state of science." For this M. de Claubry contended; and for his Essay, the first *prix d'encouragement* was decreed; and it was, moreover, printed entire in the Collection of Memoirs of the Academy, (vol. vii. p. 1.) This memoir is in reality the basis of his present volume.

In it, M. de Claubry attempted to show, that the typhoid fever of M. Louis is the same as the typhus of armies, with which he, from his long military service was familiar. This, he thinks, he then demonstrated thoroughly; and others, amongst whom are Messrs. Chomel and Louis, frankly admit it; the former stating, that the establishment of such identity settles the question in regard to the contagious nature of typhoid fever in the affirmative; whilst the latter, in the 2d edition of his *Recherches sur la fièvre typhoïde*, (vol. 2, p. 311,) thus expresses himself:—"L'étude comparée des symptomes indique l'identité des deux maladies." ("The comparative study of the symptoms indicates the *identity* of the two diseases;") a pregnant sentence, which M. de Claubry has placed on the title page of his present production.

As regards, then, the identity of "camp fever" or "army typhus," and the typhoid affection of Paris, there seems to be no difference of sentiment between M. de Claubry and the great Parisian authorities on the latter affection; and this unanimity would seem to have been mainly brought about by the arguments of M. de Claubry in the memoir in question, and of which we stated, that the present work is a *rifacimento*, with additional reflections suggested by subsequent experience.

We cannot follow the author in his elaborate inquiry into the comparative symptomatology, as deduced from different epidemics of typhoid and typhus affections, the former obtained chiefly from the writings of French army surgeons,—for M. de Claubry does not appear to know much of what has been done, or is doing, elsewhere,—in this respect resembling too many of his scientific countrymen,—nor into the pathological anatomy, causes, treatment and prophylaxis. We have only space for his conclusions, which are,—that "under the quadruple relation of pathogenic condition, characteristic symptoms, anatomical alterations, and specific contagious character of the affections, *typhus* and *typhoid fever* are one and the same malady,—a *specific contagious exanthematous fever*:"—and he concludes: "*Typhus* and *Typhoid Fever* are one and the same

malady, to which it will be well to assign hereafter the name *Typhode Fever*, to avoid the epithet *typhoid*, which indicates only an analogy of form, and *typhus* which excites alarm. But since *typhode fevor* is essentially contagious, the practical consequence ought to be, that physicians, the public and the administration, should in future, in sporadic cases, and especially in epidemics, adopt those hygienic and prophylactic measures that are generally indicated in contagious diseases."

New Elements of Operative Surgery. By ALF. A.L. M. VELPEAU, Professor of Surgical Clinique of the Faculty of Medicine of Paris, Surgeon of the Hospital of La Charité, Member of the Royal Academy of Medicine, of the Institute &c. *Carefully revised, entirely remodelled, and augmented with a treatise on minor Surgery. Illustrated by over* 300 *engravings, incorporated with the text; accompanied with an Atlas in quarto of twenty-two plates, representing the principal operative processes, surgical instruments, &c. First American, from the last Paris edition.* Translated by P. S. TOWNSEND, M. D., late Physician to the Seamen's Retreat, Staten Island, New York. *Augmented with the addition of several hundren pages of entirely new matter, comprising all the latest improvements and discoveries in Surgery in America and Europe, up to the present time. Under the supervision of, and with notes and observations by* VALENTINE MOTT, M. D., Professor of the Operations of Surgery with Surgical and Pathological Anatomy, in the University of New York; Foreign Associate of the Académie Royale de Medicine of Paris, of that of Berlin, Brussels, Athens, &c. In three volumes. Vol. 1. New York: Henry G. Langley, 1845.

What a title page! However, *De gustibus*, &c. Authors, translators, editors, and publishers, surely may exercise the privilege of taste, equally with the rest of the world.

Professor Velpeau calls his work "a didactic treatise on operative surgery." It is in fact an abridged history of the operations of surgery, in which every thing, good, bad, and indifferent, is piled up, it must be confessed, in some confusion. However valuable such a treasure is for consultation and reference, we

could have wished, for the sake of the student at least, that more order had prevailed, or, at any rate, that the information in reference to operations had been presented to the reader unencumbered by the historical details; which are admitted to be imperfect, and, we may add, too frequently are erroneous. The former is the really important part, while the latter constitutes no inconsiderable share of the present volume.

This, which may be called the *great* work of Velpeau, consists, in the original, of four volumes, but in the American edition, is to be comprised in three, the first of which is now published. The arrangement of the materials of this first part is certainly very *peculiar*, and will afford some idea of the *method* of the work. First we have an *appendix* of twenty-one pages, *preceding* the subject matter of the work; in the middle we have an "*appendix* to tenotomy;" and at the conclusion, another *appendix*, occupying 175 pages. Then we have *Dr. Townsend's* preface, *Dr. Mott's* preface, and the *Author's* preface to the *first*, and his preface to the *second* edition. These, with sundry other matters and the text, make a volume of 851 pages, large octavo.

The most serious fault we have to find, however, with the arrangement of the matter is, the neglect to distribute the items contained in the appendixes under their proper heads throughout the volume,—the concluding appendix, particularly, which contains much valuable information in reference to operations performed in this country. Instead of the whole being collected together at the end of the volume, the information should have been put in its proper connection with the text. By this means all the information on particular subjects would have been presented consecutively, and much trouble and confusion to the reader avoided.

It is true, the translator apologises in a measure for this irregularity, in the following note: "Many things of interest, and some of much importance in surgery, having occurred while this first volume of this American edition has been in the press, we take the occasion, in a concluding appendix, to subjoin whatever has reached us of particular value of this kind to the student or surgeon, and which directly appertains to the matters treated of in this volume; more especially to those new, useful, and attractive

departments of modern surgery, which constitute, happily, the leading feature of this portion of M. Velpeau's great work,—we mean *anaplasty* and *tenotomy;* in the contributions to which our own American Surgeons, as will be seen by the liberal citations we have made from Professor Pancoast's, Professor Mütter's, and other publications recently issued from the press, furnish a very considerable and creditable amount," (page 675.) Still we cannot help thinking that much of the new matter thus referred to, might readily have been incorporated as we have suggested.

The translator informs us that he has adhered "as closely and rigidly as possible to the original text of the author, *verbum verbo*, at the risk of appearing, at times, to be speaking in an idiom somewhat Gallican." It is certainly praise-worthy in a translator to adhere strictly to the matter, and as far as possible to the style of his author, but it can hardly be pretended that this is best accomplished by rendering the text so strictly literal as to violate the idiom of the language employed, and certainly when terms are retained *untranslated*, the reader, as well as the author, has a just right to complain. Of this, we have observed frequent instances in the present publication. But when the translation is attempted, we can see no reason why the text should be burthened with words and phrases of the original language, thrown in parenthetically, as in the following example, which, we are sorry to say, is common throughout the volume: "We have cauteries of a reed shape *(en roseau)* a sort of cylindrical rods that may be applied to the deepest passages; the olive shaped, *(en olive,)* which serve for burning the interior of certain cavities and cysts, and the bottom of small excavations. The *conical* cautery is more particularly designed to penetrate through a certain quantity of tissues. The *hastile* or *cutelaire* cautery is a species of shield, *(rondache,)* or sapeur's hatchet, designed for making burnt lines, *(des raies de feu)* upon the integuments. When we wish to cauterise flatwise and upon a large surface, we employ the nummulary *(nummulaire)* cautery. That which Percy has described under the name of the *annular* cautery is not used; but we sometimes employ the *bird-beaked, (bec d'oiseau,)* and the "*haricot* cautery." (Page 303.)

The constant introduction of French terms and phrases, which

occur throughout the work, would not indicate that confidence n his understanding of their meaning implied in the preface of the translator, as well as in that by Dr. Mott; nor can we divine why proper names of English and American origin should be given in a foreign dress,—such, for instance, as "M. A. Cooper," "M. R. Barton," "M. Earle," "M. Rogers," &c., instead of Sir Astley Cooper, Dr. Barton, Mr. Earle, Dr. Rogers, &c. However, we have no wish to be hypercritical, and with such exceptions as we have mentioned, and which we cannot but regard as great blemishes, the translation is a very fair one—represents the author's meaning well, and is commendably free from grammatical errors.

In his capacity of editor as well as translator, Dr. Townsend has added to the original work considerably, especially in what relates to the operations by American surgeons. We are pleased to observe in this department of the work a very proper disposition to award credit to those to whom it is due, and although we discover many errors, they do not appear to have originated with Dr. T. From the relation existing between the principal translator and Doctor Mott, and the connection of the latter with the present publication, as may naturally be supposed, the opinions and doings of the New York Professor occupy a prominent and considerable part in the account of American surgery. Considering also that it was the object and ambition of Dr. Mott, in taking part in the labor of introducing Velpeau to American readers, as avowed in his letter to the author, to "enter his name as a *compagnon de voyage*" with him "upon the great high road of the science," this was to be expected.

We have said nothing of the doctrines or of the practice promulgated in this volume. Our strictures relate altogether to the *manner* in which it is brought forth. When the whole shall be published, we shall endeavour to find space for a comprehensive notice of the more interesting points embraced in both the original and added matter. For the present we take leave of the work, with the expression of our thanks to the translators for the service they have rendered to the profession in this country, by their laborious undertaking; and to the publisher for the creditable manner in which the mechanical part is executed. Good type and clean white paper in a book, like clean linen, and decent clothes on a man, add much to its respectability.

The Anatomy and Philosophy of Expression as connected with the Fine Arts. By Sir Charles Bell, K. H. *Third Edition Enlarged.* Royal 8vo. pp. 265. London, 1844.

These Essays—it appears from the Preface—formed the earliest and the latest occupation of the lamented Author's leisure hours. Their beauty, not only of expression, but of illustration—for Sir Charles was an accomplished limner—struck us forcibly at an early period of our professional career, and we hastened to possess ourselves of this—what may be regarded posthumous—production; for although two editions have been exhausted, the present has been prepared since his decease, with the addition of notes left by him.

The number and beauty of the illustrations render the volume necessarily expensive; but it is well worth the attention of the physician, the philosopher and the artist.

The Essays areexceedingly interesting, and comprise a comparison of ancient and modern art; the theory of beauty in the countenance; the sources of expression in the countenance; the expression of passion in man and animals; the study of anatomy as necessary to design; the uses of anatomy to the painter, &c.

An appendix on the nervous system, to the knowledge of which Sir Charles Bell made such important contributions, has been added by Mr. Alexander Shaw, the brother of Mr. Shaw, the anatomist, who died at an early age, and who was a connexion of Sir Charles. In this, Mr. Shaw gives a brief account of the leading parts of the discoveries made by Sir Charles, from which we extract the following concluding observations.

"He first established, on undoubted evidence, the fact, that the nerves of motion are distinct from those of sensation; and that the nerves generally possess different endowments, according to the divisions of the brain from which they arise. He then arranged the nerves of the whole body into three distinct systems, corresponding with the organs which they respectively control. The first class was that composed of the spinal nerves and fifth nerve of the brain; this class, he proved, bestows both motion and sensation on all the parts to which it is distributed; and these parts, he further showed, are organs which belong to man in common with the lowest creatures, their united function being to supply food, the first necessary want of all animals: he termed this set of nerves the "original" class, and included in it

the various organs of the senses. The second class comprised in it a series of nerves distinct from the former, both in their origin and mode of distribution; they pass off from a circumscribed central portion of the nervous system, the medulla oblongata, and diverge to different parts of the head, neck, throat and chest, already supplied by the original class: he showed, that these structures form together the organs of respiration—a mechanism, which does not belong to the lowest animals, but is gradually introduced by a slow process of development into the animal kingdom, in order that, besides oxygenating the blood, it may become, in man, the organ of Voice and Expression: to this set of organs he applied the name respiratory class. In these two classes were combined all the nerves together, which arise either from the brain or spinal marrow. The third class consisted of a series of nerves which have their centre in large ganglions, scattered principally among the viscera of the abdomen. This forms the system called ganglionic or sympathetic; and their use has been generally supposed to be, to unite in sympathy those organs by which the various organic functions are performed; such as secretion, absorption, assimilation of the food, the growth and decay of the body, &c. When the nerves belonging to these different classes are viewed in their combined condition, as seen by the anatomist, nothing can exceed their apparent confusion; but when examined by the aid of the principle, and the arrangement introduced by Sir Charles Bell, order and design are found to pervade every part."

We would not detract one tittle from the well-earned reputation of Sir Charles Bell; yet it must be admitted, that his views on the respiratory system of nerves have not stood the test of subsequent examination. There does not, indeed, seem to be in the spinal marrow any distinct tract or column of respiration such as he depicted; although, doubtless the nerves designated by him are largely concerned with respiration and expression; moreover, certain of these nerves—as the pneumogastric—belong to the true spinal system of nerves, or to the gray matter of the associated ganglia that form the centre of the spinal marrow. Mr. Shaw has not alluded to the important addition to our knowledge of the nervous system made of late years, through the labours of Dr. Marshall Hall more especially, by which we are enabled to explain so many healthy and morbid phenomena, previously unintelligible to us. The determination of the distinct functions of the two roots of the spinal nerves belongs to Sir

Charles Bell; and on it his future fame will rest more than on all his other labours. His reputation as a surgeon is altogether merged in that of the anatomist and physiologist.

Annual Oration delivered before the Philadelphia Medical Society, by appointment, at the opening of its Session of 1844–5. By D. Francis Condie, M. D., Honorary Member of the Society. Published by order of the Society.

The theme of this discourse is the "Condition and future prospects of the Medical Profession in the United States." A few extracts will serve to show the general tenor and style of the Address.

"There is a strange fastidiousness exhibited by the leading members of the medical profession, in relation to the discussion of those means by which its interests, as a body, may be promoted, and its legitimate influence with the public secured. They are willing that its success should rest solely upon the character and conduct of its members, and that all extraneous means of support and protection should be rejected; in the full confidence, that the important benefits which the practitioner of the healing art, by the exercise of his skill, confers upon society—and the elevation of mind, and dignity of character, which should distinguish him as a member of a liberal, learned, and highly disinterested profession, will, of themselves, be always sufficient to command the respect, esteem, and confidence of every class of the community, and to secure all the power and influence which physicians as a body, have any right to claim or to expect.

However honourable such sentiments are to those who entertain and act up to them—however much we may desire the general recognition of their truth,—we nevertheless fear, that, in the present state of society, the attempt to carry them out in practice will fail to produce the desired results. We fear, that however legitimate the claim founded merely upon services rendered, or upon superior qualifications alone, it will not be so easily or invariably recognized, nor so readily admitted, as the high-minded members of our profession would fain believe. We have unfortunately to deal, not with what should be, but with what actually exists—without the power of commanding or controlling circumstances—and hence results the necessity of our resorting to *every* honourable means, that is calculated to maintain and further the true interests of the profession, and to erect a barrier, that all may recognize, for the separation of the

qualified from the unqualified practitioner—the physician from the pretender—and thus prevent the ultimate degradation and destruction of the medical profession, from allowing its titles, its honours, and its emoluments to be usurped by the host of empirics who now, on every side, encompass it."

In the justness of the following remarks, we apprehend all who read them will concur.

"The true value of the physician—his competency to fulfil the important duties required of him—and his faithfulness in their fulfilment, can, with difficulty, be correctly and fully estimated by any other than a member of his own profession. Medicine is, unquestionably, one of the most difficult sciences properly to acquire—demanding not only the highest grade of natural ability, but long years of close and laborious study, and an acquaintance with many collateral branches of knowledge. It has, indeed, been correctly remarked, that there is scarcely any circle of human learning, upon the boundaries of which the scientific physician does not necessarily infringe, in some point or other of his extensive orbit. In fact, to acquire that extent of information, and that degree of practical skill necessary to constitute the physician, requires the close and devoted application of all the mind's best energies—under circumstances the most favourable to their full occupation and development. And yet almost every one in the community—whether learned or unlearned—assumes to himself the right to decide, not merely upon the competency of the individual members of the medical profession—which, within certain limits, is his right—but upon the relative value of different medical doctrines and modes of practice.

The skill of a physician, and consequently the propriety of the remedial measures pursued by him may, unquestionably, be very fairly tested by the general result of his practice—but to do this requires opportunities for observation, and an accuracy of judgment which the members of the community at large do not possess—their decision is consequently founded, in most instances, upon the result of single cases, the circumstances of which are often but imperfectly understood, or entirely misrepresented.

It is this want of ability in the public to decide correctly upon the value of remedial agents and the competency of medical practitioners, combined with that desire which all alike experience for speedy and certain relief, that renders it, more perhaps than any other cause, the ready dupe of bold pretension and unprincipled empiricism. The vaunted infallibility of any nostrum that promises an immediate restoration of health, becomes far more attractive than the slow and cautious measures pursued by the scientific physician. It is not, therefore, surprising, that the

preposterous absurdities of homœopathy—the equally ridiculous and mischievous practices of the Thompsonians, Botanists, and Hydropathists, or the more novel folly of the Crono-thermists, should become more popular than the curative skill exercised by the highest order of medical abilities, accompanied by the greatest natural and acquired advantages."

Dr. Condie enters at considerable length, in the remaining portion of his address, into the consideration of the evils which arise to the profession and the community from the ultra democratical operation of our institutions, and deplores, as all intelligent men must, who take a full view of the matter, the incompetency of the people at large to judge of the qualifications of a physician, and the want of adequate protection from the impositions of ignorance and knavery, so generally practised under the cloak of the healing art. Unfortunately, we have not discovered in the present address any tangible scheme, or plausible suggestion, for abatement of the evil. The liberty of doing as they please, even to the destruction of property, health, and life itself, seems to be vouchsafed to all who rally beneath the glorious "star spangled banner." The right of individual judgment, in any thing but party politics, is not likely soon to be surrendered by our sturdy republican citizens; and physicians, as well as others, must be content to take the evils as well as to enjoy the advantages of our liberal laws and principles. We long thought as our author does on this subject, and toiled shoulder to shoulder with him in the cause of reform, but we have come at last to believe that there is no remedy. We even think that so long as the present system of instituting Colleges for conferring degrees prevails, (and nothing can possibly stop it,) it is well that we have no laws restraining the practice of medicine. The very fact that there are none, is some admonition to the prudent.

Royal College of Physicians of London.—The following gentlemen passed this college, as extra-licentiates, on the last board day, 26th of December, 1844:—Drs. John Forbes, W. B. McEgan, Septimus Wray, R. I. Scott.—*Lancet.*

An Essay on Curvatures and Diseases of the Spine, including all the remote or spinal distortions: to which the Fothergillian Gold Medal was awarded by the Medical Society of London. By R. W. Bampfield, Esq., one of the Surgeons to the Royal Metropolitan Infirmary for Diseases of Children, etc. etc. *Edited by* J. K. Mitchell, M. D., Professor of the Practice of Medicine in the Jefferson Medical College of Philadelphia, etc. etc. 8vo., pp. 223. Philadelphia: Ed. Barrington & Geo. D. Haswell, 1845.

Although the Essay which constitutes the basis of the present work, was presented to the Medical Society of London so long ago as 1823, the author has added materially to its value by gleanings from the more recent publications of Dods, Shaw, Jarrold, Charles Bell, Ollivier, and others, so that it may be regarded as the best exposition of the views entertained by the profession at the present day, on the interesting topics of which it treats. The present edition has the advantage, furthermore, of the supervision and occasional notes of a distinguished practitioner, who has had large experience in this class of diseases. Beside an Appendix of Cases, the work is divided into *fourteen Chapters*, which treat of: *Diseases of the Spine; Excurvation of the Spine; Remote and immediate Causes of Curvatures of the Spine, and predisposition to them; Prognosis and Diagnosis; Treatment of Excurvation; Incurvation of the Spine; of Lateral Curvature; Treatment of Lateral Curvature; Angular projection of the Spine; Fractures and Dislocations of the Vertrebræ; Concussions and Stretchings of the Spinal Marrow; Spina-Bifida, or Hydrorachitis; Inflammation of the Medulla Spinalis and its Membranes; some other affections* of the Spine, and diseases said to *originate in its derangement.*" Thus it will be seen that Mr. Bampfield has embraced in his work most of the points of interest connected with Diseases of the Spine, and it is satisfactory to find that the views he has inculcated are in accordance with the observations and experience of the best writers on the same subjects. We are especially pleased to observe that he attaches proper importance to exercise in the open air, and the general hygienic means of preventing deformities, and the other deplorable evils that

spring from spinal derangements. In treating of lateral curvature, the author makes the following judicious remarks:

"Some fashionable follies of modern education are justly accused of producing this species of curvature, especially in young females, first, by establishing habits that deprive the muscles of the back of their natural exercise and actions, and thus prevent the attainment of their natural strength, or, by their inaction, induce debility; and, secondly, whilst in this state of debility, by endeavouring to subject the spinal muscles to more exertion than they are capable of using, in the injunctions they receive, to keep the body constantly erect, in the standing and sitting attitudes. Thus the spinal muscles of young females are doomed to inaction, by the trunks of their bodies being imprisoned in stiff stays, or their movements abridged and confined by the use of collars, braces, backboards, or by being stretched motionless on reclining boards, or school-room floors;—or they are subjected to long continued exertion, and the use of one posture, which all our muscles abhor, and soon become weary of, by being placed in education chairs or stools, the long forms of school-rooms, or on the round stool, to practise for hours on the piano-forte or harp, with strict injunctions to keep the body quite upright, and menaces of punishment, if they stoop or bend in the least; but the muscles must sometimes obey divine, instead of human laws, and when fatigued and weary in the erect posture, must gradually follow the Creator's law, and seek repose, by allowing the body to sink into an inclination to one side or the other, and, by laying the basis of lateral curvature, produce the reverse of what human wisdom intended. Thus, from too much anxiety about the elegant and proper development of the female figure, tyrant fashion, under the apparent sanction of custom, and the specious guise of education, has usurped the prerogatives of nature, has abolished the freedom of muscular action, and has presumptuously substituted the rules of art to direct the growth, and mould the form of the human figure, and direct its muscular powers!—Surely the Creator never intended these restraints; nature disdains them; and *he* who gave us powers to maintain the spine erect, also ordained its form to be bent, and its movements to be unfettered. Before man became subject to the influence of refined civilization, he enjoyed the privilege of free exercise of all his muscles, in the most untutored and unlimited manner, practised what attitudes he pleased, indulged in such sports and pastimes as he listed, and, when weary, assumed the recumbent posture he chose, without being shackled by the dictates of art; spinal deformity was then unknown to those who lived in a free state of nature, often called savage or barbarous.

The growth of the body, the proportions of form, the adjustment of the figure, the turn and directions of the bones, were left to the unerring hand of nature, and freedom of muscular movements. But, by the force of cruel fashion, nature is almost forsaken, and art is so preposterous and assuming as to offer dictates, and prescribe directions to form the body agreeably to its natural configuration; and parents, and proprietors of female seminaries or schools, are so silly and unreasonable as to submit to their guidance. Nay, this submission to the suggestions and dictates of art has even been made in one department of our government; and in a great national institution for the rearing of orphan children of soldiers, there is established the appointment of an exercise and figure master, with the pay of a captain in the army, who is to control and give a proper direction to the growth of the body, 'to teach the young idea how *to shoot*,' and elicit and confer tone on all their powers, by artificial exercises of particular muscles, in a numerous train of movements, and list of attitudes. Against these artificial habits and customs, wisdom has launched its mandates, genius has levelled its enlightening arguments, experience has pronounced its judgment, reason has fulminated its reproaches, wit has pointed its keen shafts of ridicule, and authority has proclaimed its interdictions; yet the folly of fashion increases, and its prevalence extends! In passing through the school-rooms of the seminaries for young ladies, what can be more appalling and preposterous, than to see the motionless figures of a long row of young ladies lying on inclined or horizontal planes of deal boards, 'like *patients* on a monument smiling at the white-washed ceilings,' or like the mute statues on tomb stones of those interred beneath, and from which we should hardly distinguish them, were it not for the occasional movements of the muscles of their (should be) brilliant eyes, or laughter-loving muscles of the face, whose situation defies control and eludes confinement. The conduct of boys' modern schools, is, also, exposed to serious objections, in common with the girls' schools. Boys and girls are too much shut up in small play-grounds, like prison yards, instead of being allowed to range the valley free, or girls have small gardens to walk in enclosed by high walls, like those of the asylums for the insane. What can be more contrary to nature's freedom of movement, than marching schools of boys and girls, in rank and file, like the boys at the military asylum, instead of allowing them to move at ease, in any place they prefer, or are prompted to?

Without digressing further, I would observe, instead of stiff stays, back boards, reclining boards, education chairs without backs, military marching, &c., let the girls and boys have no

clothes or apparatus to limit their movements, and when weary, let them sit down on chairs with proper curved backs to support the spine, or lie down for rest, or, in fact, seek repose as they find most agreeable, when they are fatigued, or can no longer maintain an erect attitude conveniently. Let the girls have a large field or play-ground, let the boys, also, have the range of the country, within the sound of the school-bell. Let the girls engage in the games of battledoor and shuttlecock, skipping, dancing, and all that they can play at. Let the boys play at cricket, trap and ball, shinney, fives, skipping, running, coits, marbles, climbing trees, jumping, &c., and we shall not have many distortions of the spine; and, without intending to give offence, I will venture to express an opinion, that if the amount of a captain's pay was laid out for the use of the boys at the military asylum, in the purchase of cricket bats, trap and balls, skipping ropes, swings, shinney sticks, marbles, coits, &c., there would not be any occasion for exercise masters, or surgeons to cure deformities, unless arising from scrofula or accident."

The importance of watching the earliest manifestations of disease in the spinal marrow, is well shown in the following remarks on the "*Causes of Inflammation of the Spinal Cord.*"

"The remote causes of inflammation of the spinal cord, in the cases that are published, and in my practice, have been contusions on the spine; strains; tumours pressing on it; suppressed discharges, as of the ears, vagina and uterus; carious vertebræ; metastasis of inflammation; cold or suppressed perspiration. The immediate cause is inflammatory action of the blood-vessels of the medulla and membranes. When it is considered that the medulla spinalis is a continuation of both divisions of the brain, that the membranes are also continuous, and that the nerves of all the viscera and muscles below the head derive their origin from it, and that the due performance of their functions depends upon the healthy condition of their nerves, and that, in fact, all motion and sensation arise from it, it will not be a matter of surprise that the phenomena attending the disease, include derangements of all the principal organs and functions. The brain becomes affected, and the intellectual motions are deranged and imperfect; the muscular movements of the organs of sense and of the muscles supplied with nerves from the brain, are disordered and irregular. The heart is oppressed and affected with palpitation or increased action; the lungs and muscles subservient to respiration perform it with labour and difficulty. The abdominal and pelvic viscera become deranged in the manner that has been already described. All the muscles are affected with debility or paralysis, or irregular spasmodic actions like chorea, or with convulsive actions like epilepsy or tetanus. And

these are the dreadful effects of inflammation of this small but important portion of our frame, which is so enclosed and defended as if it were intended to be impenetrable and inaccessible to disease."

We recommend Mr. Bampfield's work to our subscribers as one of the very best treatises on spinal diseases and their treatment extant.

An Introductory Lecture on the Means of Promoting the Intellectual Improvement of the Students and Physicians of the Valley of the Mississippi. Delivered in the Medical Institute of Louisville, November 4th, 1844. By DANIEL DRAKE, M. D., Professor of Pathology and the Practice of Medicine. Louisville, Ky., 1844.

I appears that by a late regulation of the Institute, but one Introductory Lecture is delivered at the opening of each session. The present, therefore, is not an introductory to the course on the particular branch taught by the Professor, but is made to embrace whatever subjects of interest the author deemed appropriate to the occasion. It is chiefly ethical in its character, and conveys much sound instruction and good advice as to the general conduct of Students about to enter upon a Winter's course of lectures, and happy will it be for those before whom it was delivered, if its precepts shall be remembered and obeyed by them.

Hints on the re-organization of the Navy, including an Examination of the claims of its Civil Officers to an Equality of Rights. New York; Wiley and Putnam, 1845.

This is a pamphlet of some seventy pages, without the name of its author upon the title page. It is a vigorous and manly protest against the injustice done to the civil officers in that department of the public service, written by one who is evidently well acquainted with the subject. The solemn truth is, there is too much deference paid to military as compared with civil services, not only by the government, but by the people of this country—an idolatry for which they *have* already suffered, and

probably *will* suffer vastly more. Nothing so strongly demonstrates the weakness of the human mind as the stare of the multitude at a subaltern with a knot upon his shoulder, while the philosopher, philanthropist, or profound statesman, passes by unheeded. If the Officers of the Navy wish to have skilful surgeons to dress their wounds and prescribe for their diseases, they must unite in efforts to secure for them the pay and consideration which is due to gentlemen.

The Cyclopædia of Practical Medicine. By Doctors Forbes, Tweedie and Conolly. Edited by Professor Dunglinson. Part XXIV, containing also the title page and index. Philadelphia, Lea & Blanchard.

We congratulate the publishers and the profession on the completion of this important publication. It is seldom that a work of such great intrinsic merit issues from the press; and when we regard its extent, the manner in which it is brought out, and the magnitude of the editors' labours—which have been performed in the midst of numerous other engagements, literary and professional—we cannot but admire the promptitude and punctuality which has been manifested from the beginning of the enterprise.

A Dictionary of Practical Medicine; comprising General Pathology, the Nature and Treatment of Diseases, Morbid Structures, &c. By James Copland, M. D., F. R. S. Edited, with additions, by Charles A. Lee, M. D. Part III. New York: Henry G. Langley.

We have the satisfaction of acknowledging the receipt of the three first *parts* of this valuable work. We have on former occasions indicated our high estimate of its merits, and we trust the profession will be supplied with the succeeding numbers, at least so far as the work has progressed in England, with the same regularity and despatch that have marked the progress of its kindred publication in this city.

THE MEDICAL EXAMINER.

PHILADELPHIA, MARCH, 1845.

CLINICAL CLASS AT BLOCKLEY HOSPITAL.

"The *Medical News* remarks—'We are informed that the class attending clinical lectures at the Blockley Hospital numbers 290.' *Two hundred and ninety* pupils attending a single Hospital! What possible *practical* utility can clinical instructions be to such an immense concourse of students, crowding the wards of a hospital. Very little, we presume."—*Western Lancet.*

From the astonishment manifested by our brother in the West, it is evident he knows but little of the perfection to which our arrangements for clinical instruction are carried in Philadelphia. Let him inquire of any of the students who attend the clinics of our Hospitals and Colleges, or of the hundred or more graduates who come hither every winter for the same purpose, and they will tell him more perhaps than he has dreamed of in his philosophy. We shall endeavour to find space in some future number for an account of these, in which we shall explain the whole workings of the system.

MEDICAL CLASSES.

From various sources, we have gleaned the following particulars of the number in attendance on the lectures the past winter, at different Colleges: viz—

University of Pennsylvania	446
Jefferson Medical College	409
Louisville Medical Institute	286
College of Physicians and Surgeons, N. Y.	190
Geneva College	183
Harvard University, (Boston)	157
Berkshire Medical Institution	145
Willoughby Medical College	126

From the other schools we have received no catalogues, or other authentic information of the number of their classes.

RECORD OF MEDICAL SCIENCE.

MEDICAL SOCIETY OF LONDON, MONDAY, DECEMBER 2, 1844.

Mr. Dendy read a letter on the *Tolerance of Disease.*

He said, that during our pathological investigations we were very often surprised, and sometimes astonished, at the extensive organic lesions and encroachments which took place in the body with so little comparative distress, or even indication, during life. This was, of course, often dependent on the natural powers of resistance to disease, but chiefly on those which were the result of a slow or gradual development of the morbid condition.

In the double organs, especially those of the brain, lungs, and kidneys, this fact was often beautifully evident. A cerebral hemisphere might be reduced to a pulp, a lung hepatized, or a kidney absorbed, and yet mind, and respiration, and urinary secretion might go on without any very extraordinary interruption or derangement.

Some years ago he related to the society the case of a young lady of Wandsworth, in whose brain there was a large tubercle, involving the corpora striata and the thalami, and a ventricle full of yellow serum, and yet, although severe symptoms had been present, the child was occasionally cheerful and smiling, and had apparently even enjoyed herself a day or two before her death.

Case of Hobnailed Liver.—Two other cases had lately been under his care, which again illustrated this subject.

One of these was the case of a lady, residing in Piccadilly, of about forty years of age, whom he had himself attended for various maladies during the last three years. She had, however, during almost her whole life, been afflicted by many severe ailments, and yet through all this had preserved a cheerful and serene disposition. When about twenty years old, she was the subject of a series of chronic abscesses, during the course of which she was reduced to a skeleton, her arm having been twice sentenced to amputation. The limb was, however, preserved. About a year ago she suffered under severe and complicated hepatic derangement, attended by very acute pain and sleepless nights, this being, indeed, the third attack she had experienced. On examining the abdomen, he was surprised to find it distended irregularly, the liver, especially, being extremely tumid and indurated; and through the integuments it was clearly ascertained that the viscus was extensively diseased, with a nobulated deposit, by some, he believed, termed the "hobnail liver." This condition, she assured him, she had laboured under for many years. On her convalescence from the acute stage of this condition, he sent her to Essex, and on her return, although she seemed happy and had gained flesh, he found a large, red, angry swelling on her back. This va-

riety of anthrax he attempted to subdue, but it sloughed extensively; and, as it adhered firmly for some time, he dissected the greater portion from its attachments. This was now nearly well, and the lady herself apparently so, but she still bore about with her a studded and tumefied liver.

Extensive Scrofulous Disease.—The other case was that of a child, eight years old, an infirmary patient. About a year ago she was presented to him with the ends of her fingers and thumbs enlarged and discoloured, with other marks of struma. Iodine, internally, reduced the swelling of the fingers very nearly to their natural size, and he had prepared the case as one illustrative of the beneficial influence of iodine in struma.

About a month since she was again admitted, complaining of lumbar pains, &c., the secretion of urine being very scanty, passing almost guttatim. Her sister at this time lying ill with variola, Mr. Ainger, saw her at home a day or two after. and although there was no prominent symptom to fix on, he suspected she might be labouring under suppressed variola. On the next day, without exciting much previous attention or anxiety among her friends, she suddenly died, without convulsion or other evident cause of dissolution.

In about thirty hours, Dr. Willshire, Mr. Ainger, and himself examined the body, and the appearances he would thus briefly describe:—

Alimentary canal and liver healthy. Heart flabby, with some yellow specks on its surface. Lungs partially hepatized, and also studded with tubercles of various sizes, but not suppurating. Spleen very much enlarged and gorged, of a deep crimson hue, also studded thickly with large tubercular spots; its weight one pound. The left kidney nearly three times its normal size, also tuberculated; the right not much enlarged, but indurated, nodulated, and misshapen. The thyroid and cervical glands were extensively diseased, some indurated, others softer, and tuberculated; and they were so firmly pressing on the cervical and air-passages, that it seemed wonderful that cerebral circulation or respiration could, even for an hour, be carried on, and yet neither delirium nor convulsive action, nor dyspnœa were at any time observed during her illness.

Several cases showing the tolerance of disease were related.

The President mentioned a case in which the spinal cord, at one portion, was so soft, through its entire extent, that it could be poured from its canal: the only symptom had been constipation.

Mr. A. Fisher detailed a case of abscess, as large as a hen's egg, filling up nearly one hemisphere of the cerebellum, in which the only symptom preceding death was a violent earache, which continued for twenty-four hours.

Mr. Headland related a case of extensive suppuration, affecting the white matter of both hemispheres of the brain, but more particularly the left, the suppuration extending on that side to the lateral ventricle. There were no previous symptoms, except within a day or two of her

death, when she was suddenly seized with most violent pain in the head, succeeded by rigors, intolerance of light, and a remarkably rapid pulse. The intellectual faculties remained perfect to the last. He related a case, also, in which a boy lost a portion of his brain from a kick by a horse, and recovered.

Mr. Stedman alluded to the case of a man who was stabbed by a bullock, the horn passing through one of his eyes and out at the upper part of the head. He lived forty-eight hours; intellect was perfect to the last. He related a case, also, of atrophy of one entire lung, in which the patient never complained, and pursued his work of threshing till a very short time before death.

Dr. Leonard Stewart recollected seeing a brain studded all over with tubercles, in which no symptom had existed during life.

Dr. Garrod had seen a case in University College Hospital, of a woman who complained only of general *malaise*, slight cough and dyspnœa, with occasional pain in the back. Every organ was found after death, to be affected with cancer.—*London Lancet.*

Intestinal concretion.—At a meeting of the Sheffield Medical Society, Mr. Reedal exhibited a portion of the colon, and also a concretion of feculent matter, taken from the body of a man who died after a few days' illness, suffering with symptoms of ileus. Many years ago, he had taken, by mistake, an ounce of carbonate of potash, which made him very ill for some time, and shortly afterwards he perceived a tumour in the left iliac region, which was treated for hernia. On one occasion, having suffered from constipation, he was removed some distance in a cart, by the jolting of which it appeared as if something had been removed, as the bowels were freely opened. On examination after death, the ascending colon was found to be very much distended and thickened, and when opened, presented the appearance of inflammation with ulceration of the mucous lining. In the cæcum was found the concretion, which weighed four ounces, and measured six inches in circumference. On a section being made, it was found to be composed of feculent matter, in concentric layers of a light brown colour; externally it was dark, nearly approaching to black.—*London Medical Times.*.

Aneurism of the Abdominal Aorta.—Dr. Branson, at a meeting of the Sheffield Medical Society, exhibited a specimen of aneurism of the abdominal aorta, taken from an infirmary patient, aged thirty three, a table-blade forger, of intemperate habits, who died suddenly on the 23d of October. The aneurismal tumour originated nearly opposite the point where the cæliac artery is given off; the sac was of considerable size, and embraced four of the vertebræ, the bodies of which were deeply excavated. The sac itself was ruptured in two places, and more than a quart of coagulated blood was found between the peritoneum and the muscles; the left kidney was buried in the clot. The man continued at his employment till within five days of

his death, and complained only of slight symptoms of nephralgia. The case was instructive, as showing how great may be the mischief, and how comparatively trifling the symptoms. The anterior walls of the thorax of this patient, presented a curious congenital malformation; the sternal extremity of the third rib on the left side, was wanting for the space of four inches, and the fourth rib was completely separated from its cartilage; the vacant space was occupied by a strong tendinous expansion.—Through the centre of the sternum also there was an opening, the size of a sixpence. The man had never received any local injury.—*Ibid.*

The Therapeutics of Nature.—"Theraputics, it is very generally admitted, is one of those branches of medical knowledge in which there exists the greatest amount of errors, defects, and prejudices; and where experience is alike most difficult and deceptive. The mistakes, that are daily made, are often far greater than we are willing to admit. And then, how little do we know of the extent of Nature's own curative resources, and how much she will often effect, unaided by, or perhaps even in spite of, the interference of art. In the practice of our profession, it should ever be borne in mind that we have to do, not only with the existing disease, but also with the conservative and reparatory efforts of Nature,—which, by itself, is often sufficient to produce a cure. Hence, those reputations of medicines and modes of treatment, which so rapidly start up and are as quickly forgotten; and hence those false-gods of Therapeutics that to-day are adored, and to-morrow are despised."—*Med. Chir. Rev. from Bull. de Therap.*

On the Occasional Pulsation of the Veins.—It is not that pulsation of the jugular veins – which depends upon a reflux of part of the blood from the right cavities of the heart, in consequence of the imperfect closure of the tricuspid valve—that the following remarks are applicable. "Our present object," says M. Martin Solon, in his communication to the Royal Academy, "is to draw attention to a pulsatory movement that we have occasionally observed in the veins in the back of the hand—a movement, that is dependent upon an isochronous continuation of the arterial pulse, and which, therefore, truly deserves to be considered as a pulse of the veins." The first instance, in which he observed the phenomenon, was one of severe Pneumonia, after the patient had been largely bled. On the fifth day the dorsal veins of each hand were perceived alternately to swell up and to subside, as is the case with any superficial artery. The pulsations were distinctly isochronous with those at the wrist. It was abundantly obvious that the movements of the veins were quite independent of those of the neighbouring arteries, and of the agitation of the subjacent tendons. When the brachial artery was firmly compressed, the pulse in the veins, as well as in the radial and ulnar arteries, was at once suspended. In this instance, the phenomenon in question was observed for six or seven days successively. M. Solon expressed

his conviction, that the venous pulse was in short nothing else but the continuation of the ordinary arterial one, communicated from the arteries directly to the veins. It is not improbable, he very justly remarks, that in order that this phenomenon may occur, the circulating fluids should be in a more attenuated condition than they are in a state of perfect health. That such is probable the case, is rendered still more likely by the results of the second case—one of typhoid fever—related by him.

Dr. Graves also has had occasion to observe a distinct pulsation of the veins in two cases of active inflammation, in both of which bloodletting had been already freely employed; and Dr. Ward, too, has seen it in a woman recently delivered. It would seem therefore that the phenomenon in question is decidedly connected with an attenuated state of the blood.

M. Cruveilhier stated that he had never seen any appearance of pulse in the veins of the hand, atthough the phenomenon in question was not at all uncommon in the veins at the bend of the arm. He had indeed more than once, in consequence of the vein in blood letting throwing out its contents in jets, been apprehensive that the artery was wounded: but such an accident had never occurred in his practice. He attributed the phenomenon of the venous pulse, in all cases, to subjacent arteries communicating their movement to the veins; and never to any direct transmission of their pulsations along their capillary extremities.

M. Velpeau alluded to a case of typhus fever, in which all the superficial veins in both upper extremities were moved with most distinct pulsations, that were certainly not owing to any shock communicated to them directly by subjacent or neighbouring arteries. On the whole, he was inclined to attribute the phenomenon to the reflux of the blood backwards from the heart, along the subclavian and brachial veins. But, as M. Solon remarked, how could this explanation hold in his two cases, where there was no pulsation of the brachial and anti-brachial veins, but only of those of the hands?

M. Blandin expressed his entire concurrence in the opinions of M. Solon. He alluded to the circumstance that, two centuries ago, Harvey himself had distinctly asserted that the heart will sometimes transmit its pulsations even to the veins: and he then mentioned some experiments which M. Magendie and he had performed, and which tended to establish the truth of this positiion. If a part of the circulatory system be emptied, (in the dead body) by means of a first injection, pushed in with force, and then a second injection be thrown in, by jerks, into a large arterial trunk, we shall find that it will escape from a wound in any one of the principal veins of that system, in jets, as from an artery. If this can be done in the dead body, why should we deny the possible occurrence of it in the living?

M. Dubois intimated his dissent from these views, and agreed with M. Cruveilhier in ascribing all venous pulsations, either to the shocks communicated from the contiguous arteries, or (in some cases) to the reflux of the blood along the jugular.—*Ibid, from Comptes Rendus.*

On the use of the Thymus Gland.—Dr. Picci, after glancing at the theories of his predecessors, suggests that the use of this gland is chiefly of a mechanical nature; viz. to occupy a certain space within the thoracic cavity, while the lungs remain unexpanded in the fœtus; and thus to prevent the ribs and sternum from falling in too much upon these vital organs. The size of the thymus is inversely as the volume of the lungs; and, when the latter become dilated after birth by the admission of air into their cells, the former immediately begins to shrink and become atrophied. In truth, it is only in the adult that the thoracic parieties are moulded completely upon the lungs; for, in infancy and youth, it is rather the thymus gland that is, in their place, moulded upon the thorax.

The situation of this gland in the interior mediastinum and along the median line, the very nature of its tissue, and the greater expansion and developement of its inferior half, are adduced as arguments in favor of the opinion now adduced. Besides the well-known circumstance that, in those new born children in whom the thorax is very largely developed, the thymus continues to increase gradually even to the end of the second year, it deserves notice that all those animals, in which the lungs are similar to those in the human subject, are provided with this gland; whereas, we find it to be entirely wanting in those which breath by branchiæ or membranous lungs. In hybernating animals, also, the thymus exhibits alternations of enlargement and decrease, according to the state of the respiratory organs. In the Amphibia it attains its maximum of development.

The circumstance, too, of the gland being usually rather larger than ordinary in phthisical patients may be mentioned as lending some probability to the view we have proposed.—*Ibid, from Annali Universali.*

Spontaneous Expulsion of the Os Hyoides.—A middle aged woman, of a rachitic constitution, became affected with an enlargement of the glands around the lower jaw, accompanied with a slight cough, and disturbance of the breathing. In spite of treatment these symptoms went on gradually increasing, for three or four years. The sputa became thick and viscid, and were occasionally streaked with blood; the patient was every now and then distressed with attacks of suffocative dyspnœa, and her strength was greatly exhausted by colliquative sweats. The voice was at length completely extinct; and now there was a fixed pain, with an almost continual sense of pricking, in the laryngeal region. The sputa were at this time decidedly purulent, and were often rejected without any effort of expectoration: it was a simple expuition that followed immediately after a lacerating pain felt in the throat.

The condition of the patient had for a length of time appeared quite hopeless, when most unexpectedly—after experiencing more than usual suffering from the cough, dyspnœa and pricking pain in the throat—she expectorated in the midst of a convulsive agitation of the whole body, a firm hard substance, which proved to be a bone of

considerable size. On being examined, it proved to be the *os hyoides*. The health of the patient speedily improved, and was ultimately quite restored—five years after the commencement of her first suffering. The bone was examined by several members of the Academy, so that no reasonable doubt as to its nature can be entertained.—*Ibid, from Comptes Rendus.*

Surgical Memoranda, by M. Vidal.—1. *Luxation of the First Phalanx of the Thumb.*—The reduction of this accident is almost always extremely difficult. A variety of suggestions have accordingly been proposed to effect the object in view. Shortly after I arrived (says our author) in Paris, a case of dislocation of the thumb backwards was brought into the Hotel Dieu: every imaginable attempt to reduce the displacement was ineffectually tried. M. Dupuytren delivered a lecture upon the accident, and endeavoured to prove that the irreducibility was caused by the altered position of the lateral ligaments of the joint; these bands, in consequence (he supposed) of having become stretched in an oblique direction, bound down the digital bone against its metacarpal fellow. Upon that occasion, I showed that the real obstacle was a *boutonniere* of muscular substance, which strangulated the head of the metacarpal bone, and became the more and more tightened in proportion to the force with which traction was applied to the displaced phalanx. This impediment is formed on the outer side of the external portion, and on the inner side by the internal portion, of the small *flexor pollices* and *adductor brevis*. As the heads of these muscles are inserted into the upper extremity of the first phalanx, they are necessarily forced backwards along with the dislocated bone, and the upper metacarpal protuberance is thus held fast between them. To effect the reduction tractions in a variety of directions had been (as already mentioned) tried for a length of time; but all in vain. I proposed to cut away the head of the metacarpal bone; but the suggestion was not, and perhaps wisely, adopted. M. Malgaigne has more judiciously suggested that it would be better to divide the external portion of the *boutonniere* or strangulating muscular band.—*Ibid.*

Remarks on Ambulant or Erratic Erysipelas.—"The epithet applied to this form of Erysipelatous inflammation designates its characteristic feature. The cutaneous affection propagates itself by irregular impulsions. In one case it attacks a part which it speedily quits, without passing through its successive stages; and in another the disease exhibits all the phases of its complete evolution in the part that is primarily seized. Not obedient to any regular march, it leaps from one region to another, without implicating the intermediate parts; or it suddenly vanishes from the skin, to fasten itself upon some internal organ. The inflammatory action usually does not penetrate deep: it but skims the cutaneous surface. The danger, therefore, of this form of Erysipelas arises not so much from the extent or severity of the dermal lesions, as from the risk of metastasis of the morbid ac-

tion to some important viscus, and from the cachectic state of the general health.

Erratic Erysipelas may terminate in various ways. In the majority of cases, it proves fatal. It very rarely terminates by simple resolution and by a direct return to health. A fortunate termination of the disease is usually accompanied or followed by some critical evacuation, as a hæmorrhage from the nose, a profuse perspiration, a copious flow of dark-colored urine, or by a severe diarrhœa.

Occasionally—but this termination has been but little attended to—the critical effort seems to consist in the development of numerous subcutaneous Abcesses, unpreceded by any inflammatory action in the parts so affected.

This lesion must not be confounded with the suppuration of the subcutaneous cellular tissue, that is not unfrequently the consequence of phlegmonous Erysipelas; in the ambulant form of the disease, the inflammation is strictly superficial, and the subjacent cellular substance is not involved in the morbid process.

In the two cases related by M. Tanquerel, erratic Erysipelas had continued for upwards of three weeks, and, being accompanied with Typhoid symptoms, threatened great danger; when, suddenly, a number of small indurated tubercles were perceptible under the skin of the neck and chest—the cutaneous inflammation having left these parts a few days before, and attacked the lower extremities. On the following day, many of these tumours presented a distinct sense of fluctuation. In one case, as many as forty-three of these boils or subcutaneous abscesses formed in the space of three weeks. The size of them varied from that of a small nut to that of a pigeon's egg.

They were developed without any previous heat, pain, or redness, in the parts affected; and even their existence was often not recognised, before it was found that purulent matter was already formed in them.

From the moment that the earliest abscess was formed, the Erysipelas ceased to make any further advance beyond the part where it happened then to be; and soon afterwards it ceased altogether.

We need scarcely say that the convalescence from such an attack must always be very tedious. There was no reason to suppose that, in either of the cases which occurred to Dr. T., there was any existing Phlebitis,—a lesion which is so often associated with, if it be not the immediate cause of, those *metastatic abscesses* which are generally referred to what has been called, of late years, a Purulent Infection of the System. It is more than probable that there is always present, in both sets of cases, a morbid alteration of the circulating fluids: although we are not yet prepared to say in what this alteration consists."—*Ibid, from Journal de Medecine.*

Case of Copper-Coloured Syphilitic Eruption affecting the Conjunctiva. By Alfred Smee, F. R. S.—As far as I know, there is no record of specific eruptions attacking the conjunctiva, but an

instance having recently occurred at the Central London Ophthalmic Hospital, it becomes my duty to record it.

The subject of the affection was a respectable married female, the wife of a traveller, who applied at the Charity to be relieved of a small ulcer which existed at the edge of the eyelid. From its appearance I immediately recognised its specific character, and upon inquiry, I learnt that both husband and wife had laboured under syphilis for a period of two or three years. At that time I put her upon the general antimonial treatment, described in the Medical Gazette, and the ulceration speedily healed. At this period there were also numerous copper-coloured spots over the skin, which I supposed she thought of but little consequence, as I lost sight of her as soon as the ulceration had healed.

After a short interval she returned again, and stated that her eye was somewhat uneasy, and that she feared a return of the malady: on examination the conjunctiva below the cornea presented a spot a little smaller than a silver penny-piece. This spot appeared formed by the conjunctiva itself at that point being swollen; in fact, the surface was obviously raised, and the colour changed to that of a cupreous hue, somewhat similar to the colour of the spots of the skin, but considerably lighter: this spot was not absolutely opaque, but semi-transparent, and it gave the idea that the conjunctiva at that part was swollen in its substance, and tinged of a copper colour. It presented no unusual vascularity; in fact, I do not know that I should be justified in asserting that there was a single vessel either increased in size or added in number to those existing in the normal state. The copper colour, then, had no immediate reference to the vessels, and was due to the part exhibiting the syphilitic stain; a phenomenon by no means understood.

This eruption must be considered analogous to those of measles, small-pox, and scarlet fever, which commonly attack that membrane; but perhaps it is even more analogous to that of purpura, which often affects the conjunctiva, of which a very beautiful example occurred at this Charity last summer. The spots of the two diseases, although presenting the distinct characters appertaining to each malady, were perfectly analogous; that of one exhibiting deep purple circumscribed spots, that of the other a copper-coloured, circumscribed spot.

I remember to have seen some time since pustules on the conjunctiva, associated with pustules on the skin, which appeared to have their origin in the syphilitic virus, but up to the present time I have never before seen the copper-coloured eruption to affect this membrane.

There is no particular practical importance to be attached to this malady, for it causes very little trouble of itself, and requires no treatment apart from that required by the system generally. In this case the antimonial treatment was employed, but as the progress was not to my mind sufficiently rapid, I tried the iodide of potassium, giving four grains three times a day, under which treatment it declined, and the patient discontinued her attendance.

The occurrence of this eruption is to me exceedingly interesting, inasmuch as, being the first case of the kind which has been narrated, it opens the door for further investigation. The affection, in this instance, occurred in a case where the poison had run its own course for years, without regular treatment, and therefore the rarity of the affection may be increased by this circumstance of itself being unusual. My motive in recording this case is to direct the profession to its occurrence, in the hope that by a multitude of observations we may ascertain to what extent this disease attacks the conjunctiva.—*Lond. Med. Gaz.*

Case of sudden blindness, (produced by effusion of blood on the optic nerve?).—M. D., aged 18, a laundry-maid, of strumous appearance, came to me on the morning of the 8th of October. The previous evening, as she was reaching up to take some clothes off a line, she experienced a sensation as if something had fallen into her left eye, followed by total and instantaneous loss of vision. There was no lachrymation nor any inflammation of the conjunctiva; the cornea and humours perfectly clear and unclouded, so that it was evident there was no effusion of blood within the eyeball. There was slight redness of the parts surrounding the eye, probably produced by the patient's having rubbed the eye a good deal. The iris contracted and dilated actively, according as the light was more or less intense; though there was no perception whatever of light, even on holding a candle pretty close to the eye. On making an examination, I found there was no foreign body present, though she still complained of the sensation of something being in the eye. There was deep-seated pain in the orbit, and supra-orbital headache. She was ordered to take a brisk purgative, to have leeches to the temple, and afterwards to keep a cold lotion applied to the eye. She was further directed, as soon as the medicine had operated freely, to take a powder composed of Calomel, gr. i. ½, Opium, gr. ⅓, Tartarized Antimony, gr. ⅛, which was to be repeated every second hour.

The next day a blister was applied to the temple, and the mercury continued. On the 10th the leeching was repeated, as she complained greatly of the pain in the orbit and forehead. Mercury continued.

11th.—Mouth becoming tender. Continued the mercury. In the evening she could distinguish the light of a candle.

12th.—Could see pretty well; the gums sore. Stopped giving mercury.

13th.—Vision quite restored, and has continued so ever since. There was no fever at any time during this attack, and the pulse was never above 70, soft and full.—*Ibid.*